

NativeVision Scholarship

Purpose

Established in 1996, NativeVision gives annually a \$5,000 college scholarship to outstanding American Indian young people with a commitment to education, athletics and leadership.

Eligibility

Candidates must:

1. Provide proof of tribal membership, or denote why proof is not applicable;
2. Demonstrate a sustained involvement in tribal community and an applied concern for Indigenous issues and initiatives;
3. Maintain a grade point average (**GPA**) of **3.0 or higher** at the time of application;
4. Demonstrate involvement in extracurricular, athletic activities, and/or additional learned skills (e.g., languages, computer skills, software/ programs fluent in, etc.);
5. Be admitted to an accredited community college or four-year undergraduate program (for fall 2021).

Application Checklist

Application for the NativeVision Scholarship must include the following items. Applications missing any of the following items will not be considered.

- Completed application describing school activities, community services, athletic activities, additional skills, and financial information.
- Proof of tribal membership or information on lack of proof.
- Copy of your acceptance letter to school in the fall of 2021.
- A 200-word essay explaining goals for the future and how the NativeVision scholarship would assist in achieving dreams. Please emphasize how goals relate to continued involvement in American Indian communities.
- High school transcript indicating GPA of 3.0 or higher.
- Two (2) completed recommendation forms including written statements from recommenders (recommendations cannot come from a family member).
- PLEASE MAKE SURE YOUR NAME IS ON ALL APPLICATION MATERIALS & ESSAYS.**

Application Submission

Submit completed applications to:

Marlena Hammen
NativeVision Scholarship
Johns Hopkins Center for American Indian Health
415 N. Washington Street
4th Floor
Baltimore, Maryland 21231
Telephone: 410-955-6931; Fax: 410-955-2010

**Applications must be received by Ms. Hammen no later than
May 28, 2021 at 5pm (EDT)**

APPLICANT INFORMATION

Name: _____

Permanent Address: _____

Home Telephone: _____ Cell Telephone (Applicable): _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Name of High School Attended: _____

Name and Address of Tribal Affiliation: _____

Parents: _____

List College or University accepted in or attending (Name, City and State): _____

Intended Major: _____

School Activities (ex: clubs, student council, student year book, etc.): _____

Community Service (ex: volunteer work at organizations or in the community):

Athletics Activities: _____

Strengths & Additional Skills (e.g. languages, computer skills, software/ programs fluent in, etc.):

List any Awards/Honors you have received (ex: Honor Roll, Principal List, Math achievements, etc.):

Essay: See topic above and present on separate sheet(s) of paper.

Parents or Guardian

Full Name: _____

Address: _____

Telephone: _____

**List Expected Expenses of the College you will be attending
(Ex. Tuition, room & board, books, etc.)**

List Other Financial Assistance Applied for and/or receiving:

Source	Amount	Received/Pending
_____	_____	_____
_____	_____	_____
_____	_____	_____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION ON INFORMATION ON THE APPLICATION RENDERS IT SUBJECT TO REJECTION AND INELIGIBILITY.

Student Signature

Date

TO THE BEST OF MY KNOWLEDGE, THE ATTACHED ACADEMIC INFORMATION IS ACCURATE.

High School Counselor Signature

Date

Native Vision Scholarship Letter of Reference

Teacher or Instructor

Applicant Name: _____

Field of Study: _____ Related Field: _____

Degree Sought: _____

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant's potential for success in his/her field of study. Feel free to attach a letter of recommendation instead.)

Signature of Respondent _____ Date: _____

Name and Title of Respondent: _____

Dept. or Position: _____

Institution (or Employer): _____

My Relationship to the applicant is: _____ Teacher _____ Other (Please Explain) _____

Native Vision Scholarship
Letter of Reference

Individual (non-family member)

Applicant Name: _____

Field of Study: _____ Related Field: _____

Degree Sought: _____

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant's potential for success in his/her field of study.)

Signature of Respondent _____ Date: _____

Name and Title of Respondent: _____

Dept. or Position: _____

Institution (or Employer): _____

My Relationship to the applicant is: _____ Teacher _____ Other (Please Explain) _____