



RIVERSIDE - SAN BERNARDINO
COUNTY

INDIAN HEALTH, INC.

11980 Mt. Vernon Ave, Grand Terrace, CA 92313 •
(909) 864-1097

Purpose of Scholarship: The purpose of this scholarship award is to supplement a Native American student's income in order to pay for his/her educational expenses. The RSBCIHI's Board of Directors is dedicated to assisting passionate and energetic Native American students who are furthering their education with hopes of giving back to their Native communities. Ideally, these student-recipients could also be the future of the RSBCIHI's organization, as the company employs those skilled in a variety of different fields, including health and medicine, behavioral health sciences, information technology, accounting, business management, lab technicians, and numerous other vocational fields.

Eligibility Requirements: An applicant must be:

1. An American Indian verified by the following: (a) person is on federal or state recognized tribal roll and identified by a tribal enrollment card, or (b) person who is a member of one of our consortium tribes, or has official letter from a federal or state recognized tribe or agency stating tribal membership or Indian blood and residing in our service areas of Riverside-San Bernardino County.
2. A resident of Riverside-San Bernardino County attending an accredited institution of higher learning within the United States, or any tribal member attending an institution of higher learning within the United States.
3. Any RSBCIHI Consortium Tribal member living outside Riverside-San Bernardino County is eligible to apply for the scholarship program.
4. Recognized as a full-time degree candidate at an accredited institution of higher learning (4 year university, graduate school, junior college, or trade/vocational school).

Application Procedure: The following application must be completed in its entirety. Any incomplete applications will be automatically disqualified.

Attention: RSBCIHI Scholarship Committee, 11980 Mount Vernon Avenue, Grand Terrace, CA 92313

Application Contents:

1. Completed application form.
2. Documentation of American Indian ethnicity as described above.
3. Evidence of admission to an accredited college. (4 year university, graduate school, junior college, or trade/ vocational school)
4. A copy of your latest official transcripts (High school transcripts if the student has not attended college yet)



5. Two letters of recommendation from any of the following: tribal government council member or current school representative (example: teacher, counselor, principal)

6. An educational commitment essay describing your chosen field of study, educational goals, career goals, involvement in the Indian community and how this scholarship will help you in furthering your education.

7. If a student applies and they are awarded a scholarship, the student cannot reapply again.

8. If a student applies and does not receive an award, the student can reapply again.

Application Submitting Period: The application submitting period January 1st-March 31st of each funding year.

Submittals: Applications must be sent to the San Manuel Clinic, 11980 Mount Vernon Avenue, Grand Terrace, CA 92313, attention Personnel/ Scholarship Committee. Please include this form and all other materials required for this scholarship in a single envelope/package. Incomplete applications or missing materials will be grounds for automatic disqualification.



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Scholarship Application Form

1. Name of applicant: (Print Neatly)

Last Name _____ First _____ Middle _____

2. Applicant's address:

_____ City: _____ State: _____ Zip Code: _____

3. Phone number: _____ Daytime _____ Evening _____

4. Sex: [] Male [] Female

5. Date of Birth _____

6. Check the box for the type of information you enclosed to verify your eligibility:

[] Copy of official document showing tribal enrollment number [] Other official document (describe)



7. Tribal affiliation: _____

Name _____

Number and Street

City State Zip Code

8. School that you plan to attend for the upcoming academic year:

Name of School Department

Street Number and Address

City State Zip Code

Phone Number of School Representative/Financial Aid Contact

9. Classification for the upcoming term:

Undergraduate - Freshman Sophomore Junior Senior Graduate

1st Year 2nd Year 3rd Year 4th Year

10. Field of study: _____

11. Degree sought: _____

12. Expected graduation date: _____

13. Full time student: Yes No

14. Have you attached evidence that you are enrolled or have been accepted into the degree program listed above: Yes No

15. Which system does the school use: Semester Trimester Quarter Other _____

16. Indicate the official start date of the upcoming term: _____

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