



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: (1) person is on federal or state recognized tribal roll and identified by a tribal enrollment card, or (2) 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 or certificate candidate at an accredited institution of higher learning (4-year university, graduate school, junior college, or trade/vocational school). If the applicant's college of choice changes from what was originally listed on their application, the applicant must notify the Personnel/ Scholarship Committee within 15-days of the change. If the applicant fails to notify the Personnel/ Grievance Committee, the applicant forfeits any scholarship awarded and will need to resubmit a new application for consideration.

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.

Expenditures: Applicants will not be reimbursed for any past expenses incurred prior to their RSBCIHI award date. Living expenses are not considered direct college expenses. RSBCIHI will only reimburse direct college expenses such as current tuition, books and other directly associated material from the college listed on the applicant's application.

Correspondence: As a scholarship applicant/ recipient, any gratitude correspondence provided to the Personnel/ Scholarship Committee may be used in our newsletter, RSBCIHI televisions, RSBCIHI website and etc as determined by the Personnel/ Scholarship Committee, at any time.



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INDIAN HEALTH, INC.

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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
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Street Number and Address

City	State	Zip Code
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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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