



RIVERSIDE - SAN BERNARDINO COUNTY
INDIAN HEALTH, INC.

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

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: _____

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.

Applicant Signature: _____

Date: _____