

FRANCES JOHNSON MEMORIAL TRUST SCHOLARSHIP

NORTHERN ARAPAHO TRIBE SKY PEOPLE HIGHER EDUCATION

The Frances Johnson Memorial Scholarship fund was given to the Arapaho Educational Trust to further the education of Northern Arapaho students wishing to pursue a degree in Nursing or health related career. Improving the health of the Northern Arapaho people is a high priority of the Northern Arapaho Tribe.

Eligibility Requirements

- Applicants must be admitted and enrolled at a college or university as a full-time student (12 or more credit hours) and maintain a 2.00 grade point average (GPA) or Graduate School GPA requirements.
- Applicants must be one-fourth (1/4) Northern Arapaho descent (enrolled or non-enrolled) and must submit a Certificate of Indian Blood or Verification of Northern Arapaho Blood with no less than ¼ degree.
- Applicant must have a high school diploma or GED certificate.

Selection Criteria

One Scholarship will be awarded yearly to a student majoring in Nursing or health related field of study.

- ***Selection will be based on***
 - Personal statement
 - Potential to contribute to the community upon graduation
 - Scholastic ability and achievement
 - Letter of Recommendation
- ***Amount of Award***

The Sky People Higher Education Board will competitively award one (1) scholarship for the academic year of \$1500, dependent on availability of funds. The amount per semester is \$750. This is a renewable award and must be applied for each academic year.
- ***Other Criteria***

The person selected for the award will apply for employment at the Tribal Health Program, Indian Health Services or healthcare facilities on the Wind River Indian Reservation or in the local communities of Lander or Riverton, after graduation.

APPLICATION PROCEDURES

Application deadline is June 15th for the next academic year (fall, winter, spring).

Only complete applications will be considered for funding.

Application items required

1. Complete Frances Johnson Memorial Trust scholarship application form.
2. Acceptance letter from the college or university
3. High school transcripts, GED certificate & scores, and official college transcripts with raised seal
4. Certificate of Indian Blood (CIB) or verification of Indian Blood
5. One letter of recommendation for someone who is not related to you. This can be a counselor, teacher, or former employer.
6. Personal Statement – One page that should include
 - Brief history of your background
 - Scholastic ability and achievements
 - Work or leadership experience
 - Participation in community related activities
 - Career goals
7. Semester transcript release form
8. Privacy Act Statement

Submitted complete application with student's original signature by the deadline date, June 15th to:

**Sky People Higher Education Program
Northern Arapaho Tribe
P.O. Box 8480
Ethete, Wyoming 82520**

**FRANCES JOHNSON MEMORIAL
TRUST SCHOLARSHIP**

Career Goal or Major _____

Expected Enrollment Date: Academic Year 2_____ & 2_____

Fall_____ Winter_____ Spring_____ Summer_____

Name and Address of College or University: _____

List Other Scholarships that you have applied for or received this academic year and in past years.

**FRANCES JOHNSON MEMORIAL
TRUST SCHOLARSHIP**

CERTIFICATION: I agree to attend the school named, to work toward the educational objective stated; to carry and complete at least 12 credit hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe, the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Northern Arapaho Tribe on the date I withdraw from school. I authorize the Northern Arapaho Business Council or the Sky People Office to deduct part of all of my percapita, if any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office in care of me.

Signature of
Applicant _____ Date _____

**NORTHERN ARAPAHO TRIBE
SKY PEOPLE HIGHER EDUCATION PROGRAM
SEMESTER GRADE AND TRANSCRIPT RELEASE FORM**

NAME _____

SSN _____ DOB _____

I give my consent and request that a copy of my grades (semester or quarter) be released to authorized personnel for:

_____ Academic year (s) Semester/Quarter

Student Signature _____ Date _____

**Mail to:
Sky People Higher Education Programs
P.O. Box 8480
Ethete, Wyoming 82510**

ADDITIONAL INFO: Last Semester Attended _____

Last School Attended _____

Office Use Only: Date of Request _____