



Katie Marie Prosser Scholarship

Award Amount up to \$500

Please return applications no later than 9/30/2016 to:

North Valley Community Foundation

240 Main St. Suite 260

Chico, California 95928

Eligibility Requirements

1. You must be committed to pursuing a career in the medical or medical support fields. (nurse, doctor, lab technician, first responders)
2. You must be a Native American college student
3. A GPA of 3.0 or better

The scholarship will be based on 50% need, 25% scholastic achievement and 25% essay.

Scholarship Rules

The awarding of this scholarship is at the sole discretion of the North Valley Community Foundation. Awardees must be enrolled full-time (12 units or more) in an accredited college or university. The scholarship must be used during the year immediately following the awarding of the scholarship. All recipients are expected to have a photo taken with the award presentation. All recipients are expected to attend the opening ceremony of the Paradise Pow Wow Summer 2016.

Please complete:

DATE:

NAME:

ADDRESS:

CITY: _____ ZIP: _____

Name of school currently attending:

FAMILY INFORMATION:

Name of parents or guardian, address and occupation:

Siblings Names and Ages:

STUDENT'S ACADEMIC STANDING:

GPA_____

Please list all academic achievements, awards and honors. Please do not abbreviate when naming achievements, awards or honors.

LETTER OR RECOMMENDATION:

Your principal, counselor, teacher, supervisor or employer must write a letter of recommendation that describes why you are being nominated for the Katie Marie Prosser Scholarship. The letter will include personal qualities and address your commitment to pursuing a medical/nursing career. The person making the recommendation must be familiar with your work and personal characteristics. The letter should be placed in a sealed envelope and submitted with this application.

ESSAY:

The essay must be typed (or hand-printed), double -spaced and signed/dated by the applicant. Write an essay explaining why you want to pursue a career in the medical field. (MAX 500 Words)

TRANSCRIPTS:

Please attach an official copy of your college transcripts.

TRIBAL AFFILIATION: _____

Please include a copy of Tribal, BIA or CIB card if available.

I certify that the information provided is true and correct to the best of my knowledge.

Signature:_____ Date: _____