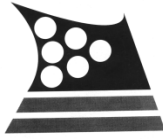


Blackfeet Community College



ISSKSINIIP PROJECT

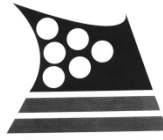
2011-2012 Scholarship Application

CHECKLIST

- Application Form
- Essay
- 2 Letters of Recommendation
- Income Verification Letter
- Transcripts

***Must complete BCC admission requirements. Please see Helen Morris at BCC Registrar's Office.**

Blackfeet Community College



ISSKSINIIP PROJECT

PARTICIPATION CRITERIA

The Issksiniip Project at Blackfeet Community College, funded by the US Department of Health and Human Services, will aid low-income individuals in gaining self-sufficiency through lucrative educational and internship opportunities intertwined with culturally appropriate training in high demand health care fields.

To be considered for participation in the project, students must qualify for eligibility under the following guidelines:

- Active tribal or non-tribal TANF participants and other individuals whose income does not exceed 200% of the federal poverty guidelines
- Commitment to a career in the health field
- Commitment to participate in health professions internship projects
- Commitment to complete certification/degree program in a timely manner
- Commitment to provide healthcare services

The Issksiniip Project will provide participants with support services to ensure successful completion of their academic programs. Services include, but are not limited to:

Academic Advising/Counseling

Assessment Testing

Mentoring

Placement Services/Career Guidance

Financial Assistance

Childcare/Transportation

Attached is the Issksiniip Project Participant Application. Prospective students must complete the application to be considered for participation. Please return completed application to:

Robin BearChild, Issksiniip Project Coordinator
Blackfeet Community College
PO Box 819 ~ Browning, MT 59417
Red Fox Building ~ Room 112
(406) 338-5411 ext. 2321

I. Issksiniip Project Scholarship Application

Name: _____ SSN: _____

Date of Birth: _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Current TANF Recipient: Yes ___ No ___ High School Graduate/GED: Yes ___ No ___

Area of Interest in Health Careers:

___ Certified Nursing Assistant ___ Allied Health

___ Emergency Medical Technician ___ Health & Physical Fitness

___ Community Health Representative ___ Human Services

___ Holistic Healthcare ___ Pre-Nursing

___ Other: _____

*Applicants are also required to submit two letters of recommendation. Letters should include academic/career goals of the student and how the student will benefit from participation in the Issksiniip Project.

*Applicants must also submit an income verification letter.

Signature

Date

