

MACT Health Board Scholarship Application

Name			P	hone	
Address					
	Street	Cit	y	State	Zip
		Sex M	F		
Age	Date of Birth			Tribal Affil	iation
School of Atte	ndance			School I.D Or S). # SN
Career you are	pursuing				
List any other	scholarships you hav	e received and th	e amounts.		
Scholarship		Amount	Scholarship		Amount

Note: Please use additional paper if necessary.



MACT Health Board Scholarship Application – Continued

School Participation

List all activities in which you participate/participated in school and indicate the grade (if applicable) aduring which you participate/participated. Examples include: Honor Roll, Special Activities, Visual/Performing Arts, Special Awards, Government, Organizations, etc.

		(Grade/Y		
Awards/Honors, Activities, Organizations, Government, etc.	9	10	11	12	College
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MACT Health Board Scholarship Application – Continued
Extra-Curricular Activities
List all extracurricular activities in which you participate/participated in.
Indian Community Involvement (Past and Present)
Employment (Paid or Volunteer)
Hobbies/Interests



MACT Health Board Scholarship Application – Continued

hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to the MACT Health Board, Inc. to contact my school, if necessary, to verify provided information.						
Signature of A	Applicant					
Print Name		Date				
O BE COM	PLETED BY MACT HEALTH	H BOARD, INC.				
deviewed by:						
	Name	Title	Date			
	Name	Title	Date			
	Name	Title	Date			
Approved/De	nied	 Date				