



MACT Health Board Scholarship Application – Continued

School Participation

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

Awards/Honors, Activities, Organizations, Government, etc.	Grade/Year				
	9	10	11	12	College



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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



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I 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 Applicant

Print Name

Date

TO BE COMPLETED BY MACT HEALTH BOARD, INC.

Reviewed by:	<hr/>	<hr/>	<hr/>
	Name	Title	Date
	<hr/>	<hr/>	<hr/>
	Name	Title	Date
	<hr/>	<hr/>	<hr/>
	Name	Title	Date

Approved/Denied

Date
