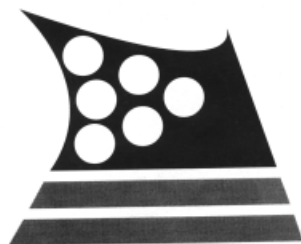


Montana State University Billings & Blackfeet Community College



Issksiniip Project

2012-2013

Scholarship

Application

DUE August 1st, 2012

Checklist

- » Application Form
- » Essay
- » Degree Plan signed by Advisor
- » Unofficial Transcript
- » Proof of TANF or TANF eligibility based on income
- » Proof of Tribal Enrollment or Descendancy



American Indian Outreach MSU Billings

Issksiniip Project Scholarship Application

The Issksiniip Project at Montana State University Billings, in partnership with Blackfeet Community College, funded by the US Department of Health and Human Services under the Health Professions Opportunity Grant, 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.

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
- Career Guidance/Placement
- Financial Assistance
- Childcare/Transportation

APPROVED HEALTHCARE PROGRAMS:

- Athletic Training
- Biology Medical Lab Science
- Health Administration
- Health and Human Performance
- Human Services
- Medical Coding & Insurance Billing
- Medical Administrative Assistant
- Medical Assistant
- Nursing
- Paramedic
- Practical Nursing
- Pre-Professional Dental Hygiene
- Pre-Professional Nursing
- Pre-Professional Physical Therapy
- Pre-Professional Medicine
- Pre-Professional Pharmacy
- Psychiatric Rehabilitation
- Psychology
- Radiologic Technology
- Rehab & Mental Health Counseling
- Rehab & Mental Health Services
- School Counseling

Program Coordinator: Simone Boutang, American Indian Outreach LA 210

(406) 657-2182 Simone.Boutang@msubillings.edu



American Indian Outreach
MSU Billings
Issksiniip Project Scholarship Application

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

Simone Boutang, Program Coordinator
American Indian Outreach
MSU Billings
1500 University Drive, LA 210
Billings, MT 59101
(406) 657-2182

APPLICANT CRITERIA FOR SCHOLARSHIP CONSIDERATION

- Must be admitted into an **approved** health program
- Enrolled member OR descendent of an American Indian Tribe.
Enrolled Blackfeet Tribal members and descendants will be given first priority.
- Must be an active TANF participant OR have an income base that does not exceed 200% of the federal poverty guidelines. *(See chart below)*
- Minimum cumulative GPA of 2.0 based on most recent transcript.
- Must not be on Financial Aid Suspension.
- Must have financial need.
- Commitment to participate in health professions internship projects.
- Commitment to complete certification/degree program in a timely manner.
- Commitment to provide healthcare services.

2012 Gross Yearly Income	
Family Size	200%
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860
8	\$77,780

2012 Gross Monthly Income	
Family Size	200%
1	\$1,862
2	\$2,522
3	\$3,182
4	\$3,842
5	\$4,502
6	\$5,162
7	\$5,822
8	\$6,482

IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED DOCUMENTS WITH YOUR APPLICATION.



American Indian Outreach
MSU Billings
Issksiniip Project Scholarship Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Mailing Address Apartment #

City State ZIP Code

Phone Number: _____ Email: _____

Student ID #: _____ Birth Date: _____

Academic Information

Class Standing

- | | |
|---|---|
| <input type="checkbox"/> Freshman (less than 30 credits) | <input type="checkbox"/> Junior (60-90 credits) |
| <input type="checkbox"/> Sophomore (30-59 credits) | <input type="checkbox"/> Senior (90+ credits) |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Certificate |

Major: _____ Minor: _____

Cumulative GPA: _____ Expected Graduation Date: _____

Are you willing to work with a mentor? _____ Are you willing to complete an internship? _____

I certify that the information contained within this application packet is true and correct to the best of my knowledge and is my own work. I give permission to the Scholarship committee access to pertinent materials related to my scholarship application and permit the release of information to scholarship donors, MSU Foundation, the media and any other pertinent parties.

Signature

Date



American Indian Outreach
MSU Billings
Issksiniip Project Scholarship Application

Demographic Information					
Tribal Member:	YES	NO	Social Security Number:		
Tribal Affiliation:			Lives on the Reservation:	YES	NO
Marital Status:	Currently Married	Never Married	Divorced/ Separated	Widowed	Don't Know
Approximate Individual Income for past 12 months:	\$		Head of Household?	YES	NO
Household's Total Income for past 12 months:	\$		Number Living in Household:		
Number of Dependent Children:			Age of Youngest Child:		
Pregnant and/or Expectant	YES	NO	Due Date:		

Alternate Contacts			
First Name	Last Name	Relationship to Participant	
Mailing Address	City	State	Zip code
Phone Number		Email	

First Name	Last Name	Relationship to Participant	
Mailing Address	City	State	Zip Code
Phone Number		Email	

First Name	Last name	Relationship to Participant	
Mailing Address	City	State	Zip code
Phone Number		Email	

Contacts should not be living with you, but would know how to contact you