

UTAH NAVAJO HEALTH SYSTEM INC.

Healthcare Scholarship

Utah Navajo Health System Inc. is a company grown from humble beginnings. In the year 2000, we employed only a dozen healthcare employees and occupied one small building. Now, we've grown to more than 300 healthcare professionals helping patients at five clinic sites. We still need more skilled medical employees. UNHS would like to support and motivate local students to explore careers in the medical field.

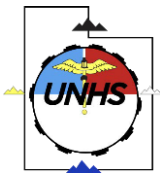
The UNHS Healthcare scholarship will be granted to students from each community serviced by our clinics. One female and one male will be selected from each of the following UNHS service areas: Navajo Mountain, Montezuma Creek, Blanding, Monticello and Monument Valley, UT.

The following criteria must be met:

1. Must be enrolled in an accredited college or vocational school.
2. Preference given to undergraduates seeking a healthcare course of study such as nursing, pharmacy, lab technician, professional coding, physical therapy, behavioral health, etc.
3. UNHS will equitably disburse the awarded scholarships ONLY to the financial aid office of a school.
4. UNHS retains full flexibility on awarding these scholarships to excellent students who have a GPA of at least 3.0 or B average.
5. Must include a 1 page essay discussing your observations of the healthcare needs in your local community and how you plan on giving back to your community through a career in healthcare.

The award amount will be \$500 towards fall and spring school year (\$1,000 total). Payment will be sent to the financial aid office of the school.

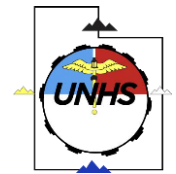
For questions, please call the UNHS Administration at 435-651-3894 or email vmckerry@unhsinc.org



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Application



Full Name _____ Date of Birth _____

Address _____ City _____ State_Zip _____

Home Phone _____ Contact Phone _____ E-Mail _____

Last 4 digits of SS# xxx-xx- _____

Have you applied for this scholarship previously? Yes No

If yes, was it under another name(s) and if so what name(s) was it? _____

What is the name of the educational facility you have been accepted to attend?

Name of program/degree _____

Date program begins _____ Will you be a full-time or part-time student? _____

Anticipated date of graduation? _____

Please include with this Application:

- Submit proof of enrollment.
- Provide a copy of your current transcript (or course of progress if applicable).
- One page letter explaining why you have chosen an education related to healthcare.

I, _____, hereby authorize UNHS to verify my enrollment and academic information with the above named educational facility. I understand this may include verification of my SSN and date of birth, as well as my academic course path. *Signature:* _____ *Date:* _____

APPLICATION DEADLINES: September 30, 2020 for Fall 2020 and December 6, 2020 for Spring 2021

Please mail application to:
UNHS Inc.
Attn: UNHS Scholarship
P.O. Box 130
Montezuma Creek, UT
84534

Or, hand deliver to:
Montezuma Creek
Community Health Center
Administration Office
1478 East HWY 162
Montezuma Creek, UT 84534