

Norton Sound Health Corporation
P.O. Box 966 Nome, AK 99762
Phone: 907-443-4530 Fax: 907-443-2085
E-Mail: tootkaylok@nshcorp.org

Internship Program Application

Personal Information

Name: _____ Date of Birth: _____ SSN: _____

Current Address

Home/Permanent Address

Phone Number: _____

Phone Number: _____

I am a Local Native from the Bering Strait Region

____ Yes ____ No

Educational Background

Highest grade completed (circle one) 8 9 10 11 12 GED

Year of High School Graduation _____

Name and address of High School _____

College, University or Vocational Schools attended:

(Start with your present or last school attended)

Name: _____

From: _____

Address: _____

Credits Earned: _____

Cumulative G.P.A.: _____

Degree Earned Y/N in what: _____

Name: _____

From: _____

Address: _____

Credits Earned: _____

Cumulative G.P.A.: _____

Degree Earned Y/N in what: _____

Name: _____

From: _____

Address: _____

Credits Earned: _____

Cumulative G.P.A.: _____

Degree Earned Y/N in what: _____

Most current or last GPA _____ **High School or College** *(circle one)* _____

Educational Intent

Name of School Planning to attend: _____
Address: _____
City: _____ Zip: _____ Phone: _____

Entering Class Status:

_____ Freshman (0-29 Credits) _____ Sophomore (30-59 Credits) _____ Junior (60-94 Credits)
_____ Senior (95 + Credits) _____ Graduate _____ Other (_____)

Which semester will you be enrolling for: _____
Health care of Health care related field of study chosen as major: _____

Educational Goals and Objectives

Attach a personal statement indicating your educational goals and objectives.

List the activities in which you are currently participating, include your hobbies and interests:

List your community activities (past and present):

List any awards or honors you have received for school, church, community, or employment:

Work Experience *(start with most recent employment)*

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
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Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

Sources of funds to meet anticipated expenses for higher education:

Summer Work (net)	\$ _____
Part-Time work during semester	\$ _____
Savings	\$ _____
Parent's Contribution	\$ _____
Other relative's Contribution	\$ _____
BIA Scholarship/s	\$ _____
College Scholarship (specify academic, athletic, etc.) _____	\$ _____
Veterans Benefits	\$ _____
Social Security Benefits	\$ _____
Loans (specify) _____	\$ _____
National Guard Benefits/Military Benefits	\$ _____
Vocational/Rehabilitation Benefits	\$ _____
Dividends: Permanent Fund, Native Corporation, etc.	\$ _____
Other Scholarships (total amount of scholarship/s applied for)	\$ _____
Other (specify) _____	\$ _____
Total Student/Scholarship Contribution	\$ _____

Budget Statement

Anticipated School Expenses for Higher Education

Tuition	\$ _____
Fees	\$ _____
Meals	\$ _____
Room & Board	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Miscellaneous	\$ _____
Total Anticipated Expenses	\$ _____

I hereby attest that the information provided in this application is true, correct and complete; and that the scholarship, if awarded, will be used to further my education while attending college, university or vocational school.

Applicant Signature

Date