

United Indian Health Services, Inc.
Cheryl Yarbrough
Memorial Scholarship

**A Scholarship Program to assist
American Indian students who desire a career in
Medical Assisting or Phlebotomy.**

Applicants must be:

- A high school graduate (G.E.D. acceptable);
- An American Indian;
- Be registered for services at UIHS;
- Reside within Humboldt or Del Norte counties;
- Desire a career in Medical Assisting or Phlebotomy.

The purpose of this scholarship is to assist with the initial tuition fees for American Indian applicants who enter into an Accredited Medical Assisting Program or Phlebotomy Program. Applicants are accepted year round.

Applicants must provide proof of acceptance into a Medical Assisting Program or Phlebotomy Program and must do internship at UIHS.

Based on funds available, this scholarship may provide support for one applicant from Del Norte County and one applicant from Humboldt County.



For an application, contact:
UIHS Scholarship Committee
Cheryl Yarbrough Memorial Scholarship
Potawot Health Village
1600 Weeot Way
Arcata, CA 95521

UIHS Cheryl Yarbrough Memorial Scholarship

PURPOSE & SUMMARY

United Indian Health Services, Inc. (UIHS):

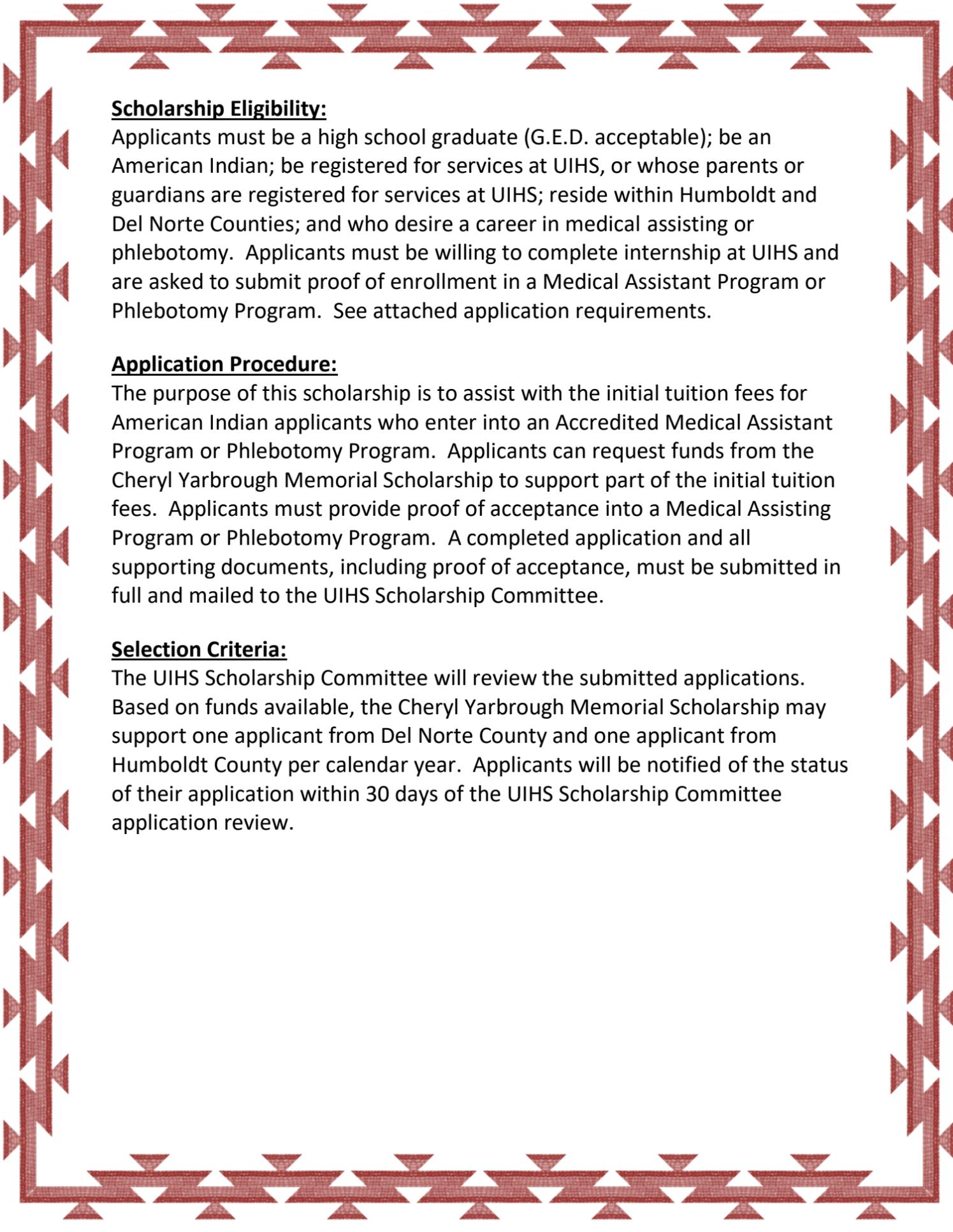
United Indian Health Services, Inc. has been providing comprehensive healthcare services to eligible Indian clients and their families since 1970. Medical, Dental, Nutrition, Counseling, Vision, Pharmacy, Traditional Health and Community Services are provided at the various UIHS sites located in Humboldt and Del Norte Counties. Our Mission is to work together with our clients and community to achieve wellness through health services that reflect the traditional value of our American Indian Community.

Cheryl Yarbrough Memorial Scholarship:

A lifelong resident of McKinleyville, Cheryl was born on February 11, 1982, under the care of UIHS. As a child, she came into the Trinidad clinic for her check-ups, coughs, and colds, and it was here that she started to develop an interest in the Medical profession. At the suggestion of one of the providers, Cheryl began to pursue a certification in medical assisting.

Proud of her American Indian Heritage, Cheryl blossomed culturally, emotionally, and professionally while working as a Medical Assistant at United Indian Health Services. She was truly loved and respected by clients and staff alike. She took great pride in her work and in the role that she played in helping to provide the American Indian Community with outstanding health care.

This scholarship presents a unique two-fold opportunity. It provides a living reminder of who Cheryl was and it also helps to embody and exemplify virtues that helped define her as a person. In keeping with the professionalism and compassion that characterized Cheryl, it is our hope that this Scholarship will provide American Indians interested in the profession of medical assisting or phlebotomy an opportunity to start their career here at UIHS.



Scholarship Eligibility:

Applicants must be a high school graduate (G.E.D. acceptable); be an American Indian; be registered for services at UIHS, or whose parents or guardians are registered for services at UIHS; reside within Humboldt and Del Norte Counties; and who desire a career in medical assisting or phlebotomy. Applicants must be willing to complete internship at UIHS and are asked to submit proof of enrollment in a Medical Assistant Program or Phlebotomy Program. See attached application requirements.

Application Procedure:

The purpose of this scholarship is to assist with the initial tuition fees for American Indian applicants who enter into an Accredited Medical Assistant Program or Phlebotomy Program. Applicants can request funds from the Cheryl Yarbrough Memorial Scholarship to support part of the initial tuition fees. Applicants must provide proof of acceptance into a Medical Assisting Program or Phlebotomy Program. A completed application and all supporting documents, including proof of acceptance, must be submitted in full and mailed to the UIHS Scholarship Committee.

Selection Criteria:

The UIHS Scholarship Committee will review the submitted applications. Based on funds available, the Cheryl Yarbrough Memorial Scholarship may support one applicant from Del Norte County and one applicant from Humboldt County per calendar year. Applicants will be notified of the status of their application within 30 days of the UIHS Scholarship Committee application review.



UIHS Cheryl Yarbrough Memorial Scholarship

APPLICATION REQUIREMENTS

1. Applicant must be a graduate of an accredited high school or have acquired a G.E.D. (General Education Degree).
2. Applicant must be an American Indian registered for services at UIHS, or whose parents, or guardians are registered for services at UIHS.
3. Applicant must reside within Humboldt or Del Norte County.
4. Applicant must be enrolled in an accredited Medical Assistant Program or Phlebotomy Program.
5. UIHS considers all applications and supporting documents as confidential information.
6. The scholarship award may only be used to defray tuition costs and will be sent directly to the school of the recipient's enrollment.
7. Each scholarship for Del Norte and Humboldt Counties will be awarded annually based on available scholarship funds and up to \$1,500 per student.
8. Applicants must be willing to complete their internship at UIHS.
9. Applications can be submitted throughout the calendar year to the UIHS Scholarship Committee upon acceptance into a Medical Assistant Program or Phlebotomy Program.
10. Completed applicants with supporting documents will be considered by the UIHS Scholarship Committee.
11. The UIHS Scholarship Committee will notify the scholarship recipients within 30 days of selection.
12. Scholarship recipients are asked to inform the Scholarship Committee by mail of their completion of the Medical Assistant Program or Phlebotomy Program. Scholarship recipients completing a Medical Assistant Program or Phlebotomy Program will be eligible to receive a special certificate from the UIHS Board of Directors.

United Indian Health Services, Inc.

Cheryl Yarbrough Memorial Scholarship

Application

PERSONAL INFORMATION:

Name: _____ Phone: _____

Mailing Address: _____

Physical Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

Email: _____

Tribal Affiliation: _____ Date of Birth: _____

Applicants must complete the required W-9 form that is attached.

EDUCATION ACHIEVED:

List High School where graduated or now attending (or earned G.E.D.):

School Name: _____ City: _____ State: _____

Date of High School Graduation: _____ Overall Grade Point Average: _____

G.E.D. Date of Certificate: _____ City: _____ State: _____

College or Accredited
Certificate Program _____ City: _____ State: _____

List course of study completed: _____

COMMUNITY ACTIVITIES

Please list community activities, honors, hobbies, and events in which you participate.

WORK EXPERIENCE:

List positions held in paid employment and dates of employment:

Dates of Employment**Employer****Type of Work**

CAREER EDUCATION AND TRAINING:

Please list community activities, honors, hobbies, and events in which you participate.

Are you currently enrolled in an education program for medical assisting or phlebotomy? Yes ☐ No ☐

State name, city, state of program you plan to attend, and phone number:

Have you been accepted at that school? Yes ☐ No ☐

Will you attend full-time or part-time?
(Circle one)

Estimated Tuition \$

Are you able to complete your internship at a UIHS Medical Site? Yes ☐ No ☐

Explain: _____

DOCUMENTATION AND INFORMATION REQUIRED WITH APPLICATION:

- A. Transcript of grades. (High school and/or college grades)
- B. Two letters of personal reference. Choose individuals, who know you well (e.g. teachers, employers) May not be completed by a board member, employee, or consultant of United Indian Health Services, Inc.
- C. A separate typed statement stating why applicant has chosen medical assisting or phlebotomy as a career.
- D. Verified enrollment in a certified Medical Assisting or Phlebotomy Program.
- E. The application, transcripts, letters, statement, and verification of enrollment in a Medical Assistant or Phlebotomy Program must be mailed as a complete package to :
UIHS Scholarship Committee
1600 Weeot Way
Arcata, CA 9551-4734

To the best of my knowledge, all of the above and attached information is correct.

Signature of Applicant

Date