

# UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2025-2026

## APPLICATION FORM #1

### PART A ~ Applicant's Personal Information

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Please Specify Tribal Affiliation: \_\_\_\_\_

### PART B ~ Education

Name of School	City / State	Year(s)	Major

### PART C ~ Extra Curricular Activities / Community Services

List activities that you may have participated in such as office held in school or community organizations, volunteer or service work performed for school clubs, and/or activities.

Date(s)	Organization	Type of Activity or Service

### PART D ~ Release of Personal Information

*I authorize the release of my application file to UIHS Scholarship Committee for selection purposes. I authorize UIHS to publicize my name and picture for press releases. I certify that all information provided is true and correct to the best of my knowledge.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## STUDENT STATEMENT FORM #2

Applicant's Name: \_\_\_\_\_

This form is required for the application to be considered complete. **Important Note:** This is one of your most important scholarship documents. You may want to use additional pages if necessary. Please type or print legibly. *(You may type your responses on another sheet of paper.)*

What career are you pursuing and how does the career relate to a health-related field?

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Share your involvement in the Indian community and local community activities:

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Share how your involvement in volunteer activities, academic or sports activities relate to your education goals:

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# UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2025-2026

## EVALUATION FORM #3

Applicant's Name: \_\_\_\_\_

**To the Applicant:** This form is to be completed by a teacher or counselor (past or present). This should not be filled out by a person who is a UIHS board member, employee or consultant or family member.

**To the Evaluator:** The applicant named above is applying for a scholarship from UIHS. This form is required for the application to be considered complete. This form must be returned with your original signature. Include any information that you feel is relevant and supports the applicant's circumstances. Use additional sheets, if necessary.

This form will become part of an open file available to the student; therefore, the reference included in the file will be considered NON-CONFIDENTIAL. All records including recommendations will be kept by the UIHS Governance and Corporate Affairs Office in accordance with the requirements of the Family and Educational Rights and Privacy Act of 1974 that allow students access to their records.

Please print or type the information below.

Evaluator's Name: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Signature: \_\_\_\_\_ School or Agency: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

Please comment on the applicant's performance and potential for academic success.

Academic Success	Comments	Below Standard	Standard	Above Standard
Attendance / punctuality				
Conduct				
Attitude				
Motivation				
Reliable / dependable				
Dedication to major goal				
Ability to make decisions				
Interest in self-improvement				
Applicant's aptitude in his / her study				

# UIHS H. D. “Timm” Williams Memorial American Indian Scholarship 2025-2026

## APPLICATION PACKET CHECKLIST

Use this checklist to ensure all required information is submitted to the UIHS Foundation / Scholarships Committee.

### CHECKLIST

- ☐ FORM #1 ~ Scholarship Application
- ☐ FORM #2 ~ Student’s Statement
- ☐ FORM #3 ~ Evaluation from Teacher or Counselor
- ☐ LETTER ~ Letter of Recommendation (Two letters are required)
- ☐ TRANSCRIPT High School or other relevant transcript for the Fall Academic Year 2025-2026
- ☐ PHOTO ~ Student photo (3" X 4" to place in a press release)

Your application or letters of recommendation or evaluation forms may not be completed by a board member, employee or consultant or family member of United Indian Health Services, Inc.

## IMPORTANT REMINDERS

- The completed application must be mailed or delivered to UIHS by the postmark date

**Deadline of April 4, 2025**

- It is the applicant’s responsibility to verify that UIHS has received all forms. Call 707.825.4121 or 707.825.4136 for confirmation.
- Incomplete or late applications will not be accepted.
- We encourage all applicants to retain a copy of this application for your records.

**LIST OF HEALTH-RELATED CAREER FIELDS**

**CAREER FIELDS**

Accounting  
Allopathic Medicine (MD)  
Audiology  
Billing Coder  
Chemical Dependency Counseling (MA/MS)  
Chiropractic Medicine  
Dental Assistant (two-year program)  
Dental Health Aid Therapist  
Dental Hygienist  
Dietetics - Nutrition  
Emergency Medical Technician  
Engineering Environmental Health  
Equipment Calibration Technician  
Health Care Administration  
Health Care Finance  
Health Education  
Health Records  
Laboratory Technician  
Licensed Vocational Nurse  
Master of Public Health (MPH)  
Medical Assistant (two-year program)  
Nursing (two-year or BSN four-year program)  
Nurse Practitioner  
Optometry  
Osteopathic Medicine (OD)  
Pharmacy  
Phlebotomist  
Physician  
Physician’s Assistant  
Physical Therapy  
Podiatry  
Psychology  
Public Health Nutritionist  
Respiratory Therapy  
Sanitation  
Social Work  
Social Work - Medical  
Speech Pathology  
Statistician  
Substance Abuse Counselor (two-year program)  
Veterinarian  
X-Ray Technician