



U.S. Department of Health and Human Services



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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IHS Scholarship Program

Main

Student Portal

* Indicates required field

Welcome to the IHS Scholarship Program Online Application. The IHS Scholarship Program is now accepting applications for scholarship awards for the 2020-2021 academic year. Follow the instructions below if you have questions about how to create account or log in to your existing account.

* Email Address

* Password

Login ➔

[Forgot Password?](#)

[Retrieve Email Address](#) | [Create Account](#)

Application deadlines:

Extension Applicants: February 28, 2020 by 7 pm EDT

New Applicants: Due February 28, 2020 by 7 pm EDT

Instructions:

FIRST TIME USERS: Click "**Create Account**" if you are a first-time applicant who has never used the online system to submit an application.

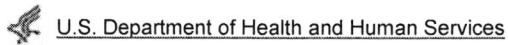
RETURNING USERS: Enter the email address and password associated with your account. If you no longer have access to your email address, please contact the Scholarship Program at 301-443-6197 for assistance.

APPLICATION PORTAL: Once you have created an account or logged in using your existing email address and password, you will be directed to one of the following applications:

- New application: For applicants who are not IHS scholarship recipients.
- Extension application: For current scholarship recipients applying to extend your scholarship or update your scholarship status.

Contact the IHS Scholarship Program office immediately at (301) 443-6197 if you believe you have been directed to the wrong application portal or are experiencing trouble creating/accessing your account.

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Profile

Save and Logout

Required Field

Complete the required profile information.

* First Name

Middle Name


* Last Name

* Social Security Number

Why do we collect your Social Security number?

* Date of Birth

* Gender

* Home/Primary

* Work/Mobile

Mailing Address

* Address Line 1

Address Line 2

* City

* State

* Zip

Alternate Mailing Address

Address Line 1

Address Line 2

City

State

Zip

Emergency Contact - Identify a person or relative through whom you can always be located.

* First Name

* Last Name

* Current Address

* City

* State

* Zip

* Phone

Area Scholarship Coordinator

Select the Area office that supports your Tribe.

* IHS Area Office

[IHS Area Offices Locations](#)

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Degree Program

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Required Field

* Identify your level of school for the 2020-2021 academic year: [help?](#)

College/University

- Sophomore
- Junior
- Senior

Graduate/Health Professions School

- First Year
- Second Year
- Third Year
- Fourth Year

- Pursuing Second Degree
- Other

Identify the degree program you will be enrolled in for the 2020-2021 academic year. [View Comparison Chart](#) [PDF - 118KB]

* Degree Program

Please Select ▼

What is your anticipated graduation date for your selected degree program? [help?](#)

* Graduation Date

Month ▼ Year ▼

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College/University Information

[Save and Logout](#)

Required Field

You are required to provide information on your current college/university or the college/university you plan on attending next academic year. If you are applying or have been accepted for enrollment at more than one school, you must enter the information for your preferred school. In the provided text box, include the names of any additional colleges where you have submitted an application or have been accepted for enrollment. You must be applying to study in the same degree program at each of these schools.

Identify your enrollment status at your current or preferred college/university for the 2020-2021 school year:*

- Currently Enrolled
- Accepted for Enrollment
- Applied for Enrollment

Identify the college/university in which you are currently enrolled, have been accepted for enrollment or to which you have applied for enrollment:*

College/University: Name

Other (if not listed above): Other Name

List the names of the other schools where you have applied or where you have been accepted for enrollment:

College/University Location

* City

* State

Identify your residency status at the college/university you selected above:*

- Resident/In-State
- Non-Resident/Out-of-State
- School charges the same tuition and fees regardless of resident status

Indicate your anticipated enrollment status for the 2020-2021 academic year:*

- Full Time
- Part Time

Indicate the anticipated number of credit hours you will be enrolled in for the 2020-2021 fall semester.

* Credit Hours

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Higher Education Background

Save and Logout

Required Field

You are required to provide the following information for **ALL** colleges/universities that you have attended. Click "**Add College/University**" after each entry. Once you have entered all colleges/universities, click "**Save & Continue**" to move on to Course Curriculum Verification.

An official transcript is required for each college/university you have attended; failure to provide this information will result in your application being deemed incomplete.

* College/University



* City

* State



Please select 

Dates Attended

From

Month:  Year: 

To

Month:  Year: 


* Credits Completed (hours)

* Cumulative GPA

* Degree Earned



Month/Year Degree Was Obtained

Month:  Year: 

Add College/University

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Course Curriculum Verification

[Save and Logout](#)

Required Field

Academic Year:

2020-2021

College/University:**Enrollment Status:**

Instructions to complete this form:

- Enter the number of academic terms in which you have enrolled or plan to enroll in during the 2020-2021 academic year.
- List the courses for which you have registered or plan to register during each academic term (semester, quarter, trimester, etc.).
- Courses are for the 2020-2021 academic year **ONLY**. Do not enter your projected coursework for every academic term until you graduate.

- Include the course numbers, credit hours, course titles and number of credit hours for each term. If your school does not assign credit hours, please indicate 0 (zero) in the credit hours column.
- You can add a course under each academic term by clicking the "Add" button.
- You can edit courses by clicking the "Update" or "Delete" buttons.

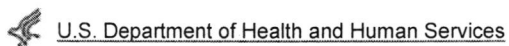
This form must be completed, per instructions, for your application to be considered for an award. You cannot enter "see my Curriculum for Major" or use any other documentation of courses in place of completing this form.

If you have not yet registered or courses have not been assigned, you must still complete this form with a list of courses you plan to take, based on your degree program's Curriculum for Major.

You are required to update any changes in your projected coursework prior to the application deadline. Contact the [IHS Scholarship Program](#) if you have submitted your application and need your application to be unlocked.

* Number of Academic Terms (including summer school, if applicable):

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Faculty/Employer Evaluation

Save and Logout

Required Field

Provide contact information for two faculty members, employers or other references who can adequately evaluate you on:

- Educational/work achievement.
- Relationships with people.
- Potential to work as a health professional.

The IHS Scholarship Program recommends that you contact your chosen evaluators to request permission to use them as references.

Evaluators cannot be related to you by blood or marriage.

Your evaluators will receive a system-generated email requesting their participation immediately upon submitting their contact information. You should follow up with your evaluator(s) to confirm that they received the email. If it is not in their inbox, ask that they check their Junk or Spam folder.

It is your responsibility to ensure that the online forms are submitted by February 28, 2020 at 7 pm EDT. Evaluation form links will be deactivated once the deadline has passed.

Evaluator #1

* First Name:

* Last Name:

* Email Address:

* Phone Number:

Evaluator #2

* First Name:

* Last Name:

* Email Address:

* Phone Number:

Submit Evaluator

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Delinquent Federal Debt

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Required Field

* Are you delinquent on the repayment of any federal debts?

Yes No

Examples of federal debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS does not consider deferred loans to be delinquent.

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Narrative Statements

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Required Field

Prepare essays addressing the three questions below. The text boxes on this screen provide unlimited space. It may be helpful to prepare your statements in advance and then copy and paste them into the appropriate fields.

HELPFUL HINTS

Below are helpful hints to guide you through completion of your statements. These statements make up 30 percent of your score, so it is important to organize your thoughts, be descriptive, and use correct grammar.

1. The IHS Scholarship Program does not provide scholarship awards due to financial hardships. When providing an explanation as to why you are requesting a scholarship, do not indicate that you are in need of financial assistance.
2. You should include in your statements how you are going to give back to the community. A prerequisite of all IHS Scholarship Program applicants is that you intend to serve Indian people in your chosen health profession.

3. Include any information on participation or achievements in health-related fields.
4. Provide insight into what led you to pursue a career as a health professional.
5. Provide examples of your involvement in tribal activities.
6. We recommend a minimum of 200 words per essay for each question to accurately address each section.

* Explain why you are requesting this scholarship:

* State your career goals:

* Explain how these goals will help to meet the health needs of American Indians and Alaska Natives:

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You must complete all areas appearing in red below (if applicable) prior to confirming this screen.

Eligibility

United States Citizen or National:

Yes

Native Origin:

American Indian

Tribal Membership Status:

Member of a federally-recognized tribe or Alaskan village.

Tribe/Village:

MUSCOGEE (CREEK) NATION, OK

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