

Olivia M. Pakootas
Health Sciences Scholarship

Application Deadline: 5/1/2025

Please print legibly:

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Are you an enrolled Coeur d'Alene Tribal Member? (Circle One): Y/N

Are you a first-generation descendant of an enrolled Coeur d'Alene Tribal Member? (Circle One): Y/N

E-mail: _____

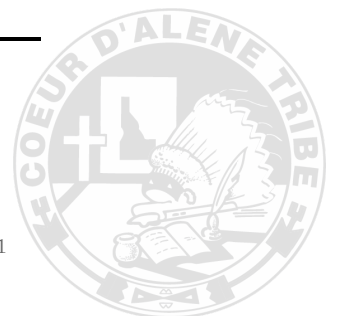
Scholastic Information

<u>High School /College (Including Dual Enrollment)</u>	<u>Years Attended</u>	<u>Year Graduated*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you are currently attending a school, please enter CURRENT in the 'Year Graduated' column

High School GPA: _____ College GPA (If Applicable): _____

Extracurricular Activities/Memberships/ Community Service (civic and professional):



What school are you planning to attend? _____

What degree path do you plan to/are you pursuing? _____

Essay

Attach a typewritten, double-spaced 200-word essay addressing the following questions:

- Why have you chosen a career in the Health Sciences field?
- What area of healthcare do you plan to study and where do you plan to attend college?
- What are your future career goals?
- What impact would this scholarship have on your education and career goals?
- How will you bring your education back to the community to serve your Tribe?

Letter of Recommendation

Attach a typewritten letter of recommendation stating why you are deserving of this scholarship.

Attachments Reminder: The following attachments must accompany your scholarship application:

- Grade Transcript
- Essay
- Letter of Recommendation

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I have read the scholarship guidelines, completed the above scholarship application with attachments, certify that all of the information contained herein is true and correct to the best of my knowledge, and that I qualify for scholarship award consideration. I understand that should any of the information provided be determined to be false, that I may be excluded from consideration and that any award previously given by Marimn Health may be cancelled and/or revoked.

Signature

Date

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Please submit application and the requested attachments to Marimn Health Human Resources by 5:00pm May 1, 2025 for consideration:

Email: humanresources@marimnhealth.org

Fax: 208-686-1446

Mail: PO Box 388 Plummer, ID 83851

In Person: Lower Level of Clinic building 427 N 12th St. Plummer, ID 83851

Questions can be directed to Marimn Health Human Resources at 208-686-5071.

