

19th National Native American Youth Initiative

Student Application Packet



“A Summer Program Designed to Better Prepare Students to Remain in the Academic Pipeline and Pursue a Career in the Health Professions and/or Biomedical Research”

Program Dates: July 1 – 9, 2017

Application Deadline: May 31, 2017

APPLICATION MUST BE POSTMARKED BY May 31, 2017.
INCOMPLETE OR LATE APPLICATIONS WILL NOT BE REVIEWED.



National Native American Youth Initiative

ASSOCIATION OF AMERICAN
INDIAN PHYSICIANS
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108
TEL: (405) 946-7072
FAX: (405) 946-7651

The National Native American Youth Initiative (NNAYI) is an intense enrichment program funded by the Association of American Indian Physicians and the National Institutes of Health, National Institute on Minority Health and Health Disparities. NNAYI is designed to better prepare American Indian/Alaska Native (AI/AN) high school students to remain in the academic pipeline and pursue a career in the health professions and/or biomedical research. NNAYI's curriculum is presented in a series of lectures, interactive workshops, and field trips. Students will learn about various health professions, college and medical school admission processes, financial aid resources, and health care issues affecting AI/AN communities. Students will also get the opportunity to network with AI/AN health professionals and learn about mentoring programs with AAIP member physicians.

ELIGIBILITY

The Association of American Indian Physicians will select AI/AN high school students, ages 16 – 18, to attend the NNAYI program to be held July 1 – 9, 2017 in Washington, D.C. AI/AN students planning to enter health careers are eligible to apply. Students are selected on the basis of scholastic achievement, demonstrated interest in the fields of health sciences or biomedical research, leadership skills, and personal attributes. The NNAYI scholarship covers airfare, lodging, and most meals. **Scholarship awarded on a one-time basis only.**

NOTICE: The NNAYI Program is NOT a summer camp or sightseeing trip. It is an intense program that consists of a rigorous schedule of all-day sessions and activities that may involve a lot of walking.

APPLICATION CHECKLIST – To ensure that no application requirements have been overlooked, refer to the checklist below. An incomplete application may prevent you from being selected as a participant in the program. Students will be notified of the selection results the week of June 12, 2017.

- ___ **Primary Data Sheet** (included in this packet)
- ___ **One-Page Personal Statement** (double spaced) – Describe your family background, future educational and career plans, volunteer work / experience in health care and/or research, cultural involvement, and personal attributes. Include how NNAYI will help you accomplish your goals, and other relevant information.
- ___ **Most Recent Academic Transcript** – Official transcript preferred
- ___ **One Recommendation Checklist Form** (included in application packet) – must be completed by the counselor or instructor writing Letter of Recommendation. *Only one recommender will be considered.*
- ___ **One Letter of Recommendation** – must be completed by the counselor or instructor and submitted in a sealed envelope with the Recommend Checklist, and attached or enclosed, with your completed application. *Only one recommender will be considered.*
- ___ **Photograph** – for identification and publication purposes
- ___ **Copy of Certificate of Degree of Indian Blood (CDIB) or Tribal Affiliation**

Please mail your completed application to the following address: AAIP, Attn: NNAYI Program, 1225 Sovereign Row, Suite 103, Oklahoma City, OK 73108. If you have any questions regarding the completion of this application, please contact the NNAYI program at 405-946-7072 or via e-mail to glankford@aaip.org.

Association of American Indian Physicians
National Native American Youth Initiative

STUDENT PRIMARY DATA SHEET

APPLICATION FORMS MAY BE PHOTOCOPIED

Part I. Personal Information (Please type or print legibly in ink.)

First	Middle	Last
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number - -
Are you a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen, what country are you a citizen of? _____		
Health Career Interest: _____		
Have you applied for NNAYI before? <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you apply? _____		

Part II. Current Contact Information

Street _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Main E-mail _____

Alternate E-mail _____

Permanent Address (if same, please indicate)

Street _____

City _____ State _____ Zip Code _____

Type of Residence: _____ Reservation _____ Rural _____ Urban

Emergency Contact

Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Below Line: For Office Use Only

Postmark Date _____	Scholarship Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Items Received / Completed:	Status _____
Personal Data Sheet _____	Recommend Letter _____
Essay / Personal Statement _____	Photo _____
Academic Transcript _____	CDIB or tribal affiliation copy _____
Recommend Checklist _____	

Part III. Family Information

Who is the Custodial Parent? Both Mother Father Other _____

Mother or Guardian

Name _____

Street _____

City _____

State _____

Zip Code _____

Day Phone _____

Cell Phone _____

Occupation _____

Father or Guardian

Name _____

Street _____

City _____

State _____

Zip Code _____

Day Phone _____

Cell Phone _____

Occupation _____

Part IV. Tribal Affiliation

Tribal Information

Tribe(s) _____

If enrolled in a tribe, please identify _____

Tribal Languages _____

Tribal Languages Knowledge

Speak: _____ Yes

_____ Some

_____ None

Understand: _____ Yes

_____ Some

_____ None

Part V. Education Information

High School Name _____

Street _____

City, State, & Zip _____

Counselor / Advisor _____

Phone _____

Type of School

Public

Private

Reservation

BIA

School Year

Freshman

Sophomore

Junior

Senior

Graduation Date _____

Cumulative GPA _____

H.S. class size & rank _____

List awards, honors, and special achievements: (include award name, date received, sponsoring organization, & reason) *use additional page if needed.*

Volunteer work/hobbies/clubs/sports/other activities: (include school, community, cultural, and church related activities) *use additional page if needed.*

List other summer or academic programs in which you participated: Include program name, sponsoring organization, & date of attendance) *use additional page if needed.*

Part VI. Other Information

Closest / Preferred Airport City, State _____

Airport Name or Code _____

Shirt Size (adult) _____

How did you hear about NNAYI? _____



National Native American Youth Initiative

RECOMMENDATION CHECKLIST

Name of Applicant _____

Date _____

Please rate the following Applicant's attributes from Weak (1) to Strong (5).

		Weak			Strong	
Academics	Applicant accomplishes difficult work.	1	2	3	4	5
Learning Skills	Applicant displays the ability to comprehend new learning material and demonstrates understanding of the material.	1	2	3	4	5
Punctuality	Applicant arrives at scheduled events on time.	1	2	3	4	5
Communication	Applicant possesses good communication skills.	1	2	3	4	5
Following Directions	Applicant follows directions and completes assigned tasks.	1	2	3	4	5
Motivation	Applicant exhibits a desire to increase knowledge and skills.	1	2	3	4	5
Adaptability	Applicant adapts to new situations and difficult circumstances.	1	2	3	4	5
Emotional Stability	When under stress, the applicant reacts in a mature and dependable manner.	1	2	3	4	5
Leadership	Applicant demonstrates leadership skills.	1	2	3	4	5
Authority	Applicant respects authority and works within stated rules and regulations.	1	2	3	4	5
Responsibility	Applicant accepts responsibility and assumes moral and mental accountability for personal actions.	1	2	3	4	5
Integrity	Applicant exhibits honesty in dealing with others.	1	2	3	4	5
Concern for Others	Applicant is sensitive to the views and feelings of others in various situations.	1	2	3	4	5

Overall Recommendation: (check the statement which you feel to be the most applicable)

- I recommend the applicant highly as a good candidate for the NNAYI Program.
- I recommend the applicant with reservations as a candidate for the NNAYI Program.
- I do not recommend the applicant for the NNAYI Program.
- Other: _____

Signature _____

Printed Name _____

Position _____

Phone Number _____

Address _____

Note: When rating applicant, please take your time and be fair to the applicant. Please assess the applicant's interest in a health career and share any observations and inferences that would be useful in deciding the student's participation in the National Native American Youth Initiative Program. Please return this form, along with a Letter of Recommendation in a sealed and signed envelope, to the applicant.

For questions, please contact Gary Lankford, Advances in Indian Health Care Program Director at (405) 946-7072, or via e-mail at glankford@aaip.org

AAIP MISSION

To pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit.

NNAYI MISSION

To increase the number of American Indian/Alaska Native students entering health professions and biomedical research.



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