

Summary

Utah Navajo Health System Inc. is a company grown from humble beginnings. In the year 2000, we employed only a dozen healthcare employees and occupied one small building. Now, we've grown to more than 300 healthcare professionals helping patients at five clinic sites. We still need more skilled medical employees. UNHS would like to support and motivate local students to explore careers in the medical field.

The UNHS scholarship will be granted to students from each community serviced by our clinics. One female and one male will be selected from each of the Navajo Mountain, Montezuma Creek, Blanding, Monticello and Monument Valley, UT areas. The award amount will be \$500 per towards fall and spring school year (\$1,000 total). To inquire about application deadlines, please call.



Meeting the
healthcare needs
of the people.



Utah Navajo Health System, Inc.

1478 East Hwy 162, PO Box 130
Montezuma Creek, UT 84534

Phone: 435-651-3894 (UNHS Administration)
Fax: 435-678-0608
website: www.unhsinc.org

The following criteria must be met:

1. Must be enrolled in an accredited college or vocational school.
2. Preference given to undergraduates seeking a healthcare course of study such as nursing, pharmacy, lab technician, professional coding, physical therapy, behavioral health, etc.
3. UNHS will equitably disburse the awarded scholarships ONLY to the financial aid office of a school.
4. UNHS retains full flexibility on awarding these scholarships to excellent students who have a GPA of at least a 3.0 or B average.
5. Must include a 1 page essay discussing your observations of the healthcare needs in your local community and how you plan on giving back to your community through a career in healthcare.

Application

Full Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Contact Phone _____

E-mail _____

Last 4 digits of ss# _____

Name of educational facility

Name of program/degree

Date program begins _____

Full-time or part-time student?

Anticipated date of graduation?

Please include:

- Submit proof of enrollment.
- Provide a copy of your current transcript (or course of progress if applicable).
- A one page letter explaining why you have chosen an education related to healthcare.

I, _____,
hereby authorize UNHS to verify my enrollment and academic information with the above named educational facility. I understand this may include verification of my SSN and date of birth, as well as my academic course path.

Signature _____

Date _____

