

# **15<sup>th</sup> 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: June 22 – June 30, 2013**

**Application Deadline: March 29, 2013**

APPLICATION MUST BE POSTMARKED BY MARCH 29, 2013.  
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 Office of Minority Health 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 June 22 – 30, 2013 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 May 6, 2013.

- \_\_\_\_\_ **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 Recommendation 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/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](mailto: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.)

<b>First</b>	<b>Middle</b>	<b>Last</b>
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

Place of Birth

City

State

#### 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.*

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

Funded by the Department of Health and Human Services, Office of Minority Health under the National Umbrella Cooperative Agreement Program II.



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