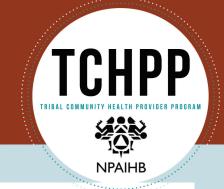
## NPAIHB BHA STIPEND/SCHOLARSHIP APPLICATION



Α	PPLICANT II	VFORMATI	ION
NAME			
DATE OF BIRTH		PRONOUNS TRIBAL	
RACE/ETHNICITY		AFFILIATION	
C	ONTACT INF	ORMATIO	N
WORK PHONE #			
CELL PHONE #			
WORK EMAIL			
PERSONAL EMAIL			
EM	PLOYMENT	INFORMA	ΓΙΟΝ
CURRENT EMPLOYER	/TRIBAL HEALTH ORG.		DATE OF HIRE
CLINICAL SUPERVISOR NAME & EMAIL (IF APPLICABLE)			PHONE NUMBER

### **EDUCATION HIGH SCHOOL: START & END DATE** DIMPLOMA OR GED? **DID YOU GRADUATE?** (1) COLLEGE/UNIVERSITY: **START & END DATE MAJOR START & END DATE DID YOU GRADUATE?** (2) COLLEGE/UNIVERSITY: **START & END DATE START & END DATE MAJOR**

#### **STATEMENTS OF INTENT**

(1) TELL US A LITTLE ABOUT YOURSELF:

**DID YOU GRADUATE?** 

(2) 1-2 PARAGRAPHS OUTLINING YOUR CURRENT INTEREST IN BECOMING A BEHAVIORAL HEALTH AIDE AND HOW YOU THINK THE BHA EDUCATION PROGRAM WILL BENEFIT YOUR GOALS.
(3)WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS IN THE BEHAVIORAL HEALTH FIELD?
(5) WHAT ARE YOUR GOALS IN REGARDS TO PURSUING BEHAVIORAL HEALTH IN A TRIBE OR AI/AN COMMUNITIES? WHAT DO YOU HOPE TO SEE IN TRIBAL COMMUNITIES WITH BEHAVIORAL HEALTH NEEDS?

### NPAIHB BHA STIPEND/SCHOLARSHIP APPLICATION

# CHECKLIST OF APPLICATION DOCUMENTS NEEDED

	LETTER OF RECOMMENDATION  • PREFERRABLY BY A CLINICAL SUPERVISOR
	COLLEGE TRANSCRIPTS  • CAN BE UNOFFICIAL TRANSCRIPTS
	RESUME & COVER LETTER
	CHOSEN ACADEMIC INSTITUTION
N	ORTHWEST INDIAN COLLEGE (NWIC)
	eritage University is not accepting applications at is time.
	0 7 1 0 11
	0 7 1 0 11

Cohort 6 will begin in January 2026 at NWIC