



**AAIP 16<sup>th</sup> ANNUAL CROSS CULTURAL  
MEDICINE WORKSHOP  
SANTE FE, NM  
APRIL 24-27, 2008**

ASSOCIATION OF AMERICAN  
INDIAN PHYSICIANS (AAIP)  
1225 Sovereign Row, Suite 103  
Oklahoma City, OK 73108

**STUDENT SCHOLARSHIP  
APPLICATION**

Phone: 405-946-7072  
Fax: 405-946-7651  
E-Mail: [lmyers@aaip.org](mailto:lmyers@aaip.org)

Name: _____ Last                  First                  Middle		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date: _____										
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth: _____ Age: _____											
<b>Permanent Address</b> _____ _____ Phone: _____ E-Mail: _____		<b>Current Address</b> _____ _____ Phone: _____ E-Mail: _____ Fax: _____											
<b>School</b> <input type="checkbox"/> High School <input type="checkbox"/> College/Post-Secondary, Name of school _____ Major: _____		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____											
<b>School Year</b> <input type="checkbox"/> FR <input type="checkbox"/> JR <input type="checkbox"/> Other _____ <input type="checkbox"/> SO <input type="checkbox"/> SR		<b>Martial Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other	<b>Dependents</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Age								
Name	Age												
<b>TRIBAL AFFILIATION AND FAMILY BACKGROUND</b>													
<b>Place of Birth</b> _____ City                  State <input type="checkbox"/> Rural <input type="checkbox"/> Reservation <input type="checkbox"/> Urban Tribe(s): _____	<b>Tribal Language</b> Speak            Understand <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> None	<b>Tribal Enrollment</b> <input type="checkbox"/> Self <input type="checkbox"/> Grandmother <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Father <input type="checkbox"/> Other:											
Blood Quantum: <input type="checkbox"/> 4/4 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less than 1/4 _____	<b>Parents' Occupation</b> Father's: _____ Mother's: _____												
<b>Requests:</b> <u>AAIP Programs:</u> <input type="checkbox"/> Pre-Admission Workshop <input type="checkbox"/> AAIP Annual Meeting & National Health Conf. <input type="checkbox"/> Mentoring/Shadowing (Live-In) Program <input type="checkbox"/> Admission Test (s) – circle test of interest: MCAT.    ACT.    PAT.    DAT.    OAT.													
<u>AAIP Programs:</u> <input type="checkbox"/> NNAYI (National Native American Youth Initiative) <input type="checkbox"/> Cross Cultural Medicine Workshop <input type="checkbox"/> Financial Aid information													



**ADDITIONAL QUESTIONS**

In what health profession are you most interested and why?

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What, if any, is your biggest concern or barrier to your present program of study ?

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What, if any, is your biggest concern or barrier to pursuing additional health/medical education?

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To which College/University are you most interested in applying/attending and why?

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What are your career goals?

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Explain how these career goals will help meet the health needs of Indian people.

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Additional Comments or Questions?

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