



Preparing American Indian Students
for Careers in Medicine and
Rural Health” Project Grant for Arizona Residents,
funded by the Arizona AHEC Program



ARIZONA AHEC
Area Health Education
Centers Program

Sponsorship for attendance at the
Association of American Indian Physicians
Cross Cultural Medicine Workshop to be held in Santa Fe, NM
April 26-29, 2012

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 (M or F): ____ Are you a US Citizen? _____

Part II. Contact Information

Current / Mailing Address

Street _____

City _____

State _____ Zip Code _____

Phone _____

Permanent Address (if same, please indicate)

Street _____

City _____

State _____ Zip Code _____

Phone _____ Cell Phone: _____

Type of Residence: Reservation Rural Urban
(Circle one)

E-mail Addresses

Main E-mail _____

Alternate E-mail _____

Part III. Family and Tribal Information

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other	Number of Dependents	
Spouse's Name						
Place of Birth	City		State			

Emergency Contact

Contact Name _____

Relationship _____

Home Phone _____

Dietary Restrictions _____

Cell Phone _____

Tribal Information

Tribe(s)						
If enrolled in a tribe, please identify						
Tribal Enrollment:	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<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	

Part IV. Education Information

College/University			
Major		Minor	

School Year (circle the one that applies)

Freshman	Sophomore	Junior	Senior	Graduate	Other
Cumulative GPA		Health career goal			

List Awards, Honors, or Special Achievements

Name of Award/Honor	Date Received	Reason

Airport

NOTE: Nearest/Preferred Airport

List City & State / airport name & code

Part VI. Programs (Indicate program(s) of interest and program (s) previously participated in, along with the year you participated).

NOTE: More information can be found on the AAIP website at: www.aaip.org

Program Name	Interested In	Past Participant	Years
AAIP Annual Meeting & Health Conference			
Cross Cultural Medicine Workshop (CCMW)			
Patty Iron Cloud National Native American Youth Initiative (NNAYI) <i>STUDENT High School Students</i>			
Patty Iron Cloud National Native American Youth Initiative (NNAYI) <i>COUNSELOR College & Medical Students</i>			
Financial Aid / Scholarships			
National Institutes of Health (NIH) Research Training Opportunities			
Spirit of EAGLES Mayo Clinic Research Training Program			
National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)			
Other:			

Scholarship awarded on a one-time basis and to ARIZONA RESIDENTS ONLY.
 Application must be received by Dr. Stern no later than **Friday, February 24, 2012.**

Mail the following contents to the address below:

- Application form (Primary Data Sheet)
- Recent college and/or university transcript
- One-page personal statement: Why are you seeking a career in the health professions? How will attendance at this workshop benefit you?
- Copy of certificate of degree of Indian blood or tribal identification card
- One Letter of Recommendation from a professor or academic advisor
- Recent Photograph for identification and publication purposes

Mailing address:

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 Tucson, AZ 85724