

The Association of American Indian Physicians, Inc. announces the **John T. Wolf, M.D. "Outstanding Native American Medical Student of the Year" Scholarship Award** to be presented during AAIP's 39th Annual Meeting & National Conference to be held in Santa Ana Pueblo, NM, August 5 - 9, 2010.

SELECTION CRITERIA

1. Eligible candidates must have been enrolled for at least two semesters in medical school to receive the award and meet the other selection criteria to receive the annual award. Must be a member of the Association of Native American Medical Students (ANAMS)

2. Eligible candidates must have earned a passing score in all classes in at least 10-15 hours of medical course work at the time the application is submitted and the selection is made.

3. Selection criteria will be based upon accomplishments/achievements in four areas: 1) Demonstration of outstanding work in a particular course or research; 2) Academic Performance; 3) Professionalism and Leadership in the Community or School; 4) Contribution and commitment to Native American health evidenced by activities within school or community. Evidence of selection criteria will be based on student's application and information provided by faculty nomination and evaluation of submitted written papers or reports. Academic performance is based upon courses attempted and grades attained. Evidence of professionalism and leadership can be in the form of presentations at conferences, professional or ANAMS meetings or other symposia, and demonstrated leadership in student professional activities.

SELECTION PROCESS

Each student applicant should complete and submit an AAIP Primary Data Sheet application along with all supporting documents as required from faculty, fellow students, community/tribal leaders, and presentations or written papers. Recommendation letters from faculty representatives from the medical school or university including any external reviewers, if required, should be included or attached to the application. ***The student should submit the following information to the selection committee to assist it in its deliberations: Academic transcript and short vita, Letter of recommendation from one faculty member and a community member, Copy of paper(s) written by the nominee or relied upon by the applicant, and a short essay describing activities and projects.***

Although this scholarship is not heavily weighted in terms of financial need, any financial need will be evaluated and weighted appropriately. APPLICATIONS ARE DUE NO LATER THAN JULY 15th, 2010 AND MAY BE SUBMITTED BY EMAIL OR HARD COPY POSTMARKED APPROPRIATELY. ALL DECISIONS OF THE AAIP EXECUTIVE BOARD ARE FINAL. QUESTIONS MAY BE EMAILED TO MARGARET KNIGHT; (mknight@aaip.org)

Dr. John T. Wolf, a Muskogee Creek Indian, attended college in Oklahoma and graduated from Dartmouth Medical School in 1976. He served his residency at Brown University and as a physician for the Indian Public Health Service in Tuba City, Arizona from 1977 to 1981. He later served a fellowship in hand and microvascular surgery at the Harvard-affiliated hospitals in Boston. A board-certified plastic surgeon with a sub-specialty in hand surgery, Wolf was a fellow of the American College of Surgeons and a member of the American Indian Physicians Association. Proud of his American Indian heritage, he enjoyed sports—particularly football, boxing, and soccer.

Association of American Indian Physicians' Student Programs Application
Careers in Health for Native Students



PRIMARY DATA SHEET
APPLICATION FORMS MAY BE PHOTOCOPIED

Part I. Personal Information (Please type or print legibly in ink.)

First	Middle	Last
Social Security Number	- -	Date of Birth / /
Gender (M or F)	_____	Are you a US Citizen _____
If not a US Citizen, what country are you a citizen of? _____		

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 _____

Type of Residence: _____ Reservation _____ Rural _____ Urban _____

E-mail Addresses

Main E-mail _____
Alternate E-mail _____

Alternate Methods of Contact

Cell Phone _____ Fax Number _____

Emergency Contact

Contact Name _____
Home Phone _____

Relationship _____
Cell Phone _____

Part III. Family Information

NOTE: If a section does not apply, please list N/A

Who is the Custodial Parent?

Both Mother Father Other _____

Mother or Guardian

Name _____
Street _____
City _____ State _____ Zip _____
Day Phone _____ Cell Phone _____
Occupation _____

Father or Guardian

Name _____
Street _____
City _____ State _____ Zip _____
Day Phone _____ Cell Phone _____
Occupation _____

Applicant's Family

Marital Status _____ Number of Dependents _____
Spouse's Name _____

Part IV. Other Information

Closest / Preferred Airport

Airport City, State _____
Airport Name or Code _____

Shirt Size (adult) _____

Part V. Tribal Affiliation

Place of Birth _____ City _____ State _____

Tribal Information

Tribe(s) _____

If enrolled in a tribe, please identify

Tribal Enrollment: Self _____ Mother _____ Father _____ Grandmother _____ Grandfather _____ Other _____

Blood Quantum _____ 4/4 _____ 3/4 _____ 1/2 _____ 1/4 _____ Less than 1/4

Tribal Languages _____

Tribal Languages Knowledge	Speak:	Yes	Some	None
	Understand:	Yes	Some	None

Part VI. Applicant's Education Information

Current / Latest School Information

Name _____
Street _____
City _____
State _____ Zip Code _____
Phone _____ Fax _____

Current School Type

High School _____ Undergraduate _____ Graduate _____ Professional _____ Completed _____

Current School Year

Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

Major / Degree _____ Health Career Goal _____

Cumulative GPA _____ Counselor / Advisor _____

Part VII. Programs (Please indicate: program(s) you are applying for, program(s) you would like more information about, program(s) you're currently involved in, which you have previously participated in, and what years you participated.

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

Program Name	Applying For	Interested In	Involved In	Past Participant	Years
Pre-Admission Workshop (PAW) <i>College Students</i>					
AAIP Annual Meeting & National Health Conference <i>College Students</i>					
Patty Iron Cloud National Native American Youth Initiative (NNAYI) <i>STUDENT</i> <i>High School Students</i>					
Patty Iron Cloud National Native American Youth Initiative (NNAYI) <i>COUNSELOR</i>					
Cross Cultural Medicine Workshop (CCMW) <i>College & Medical Students</i>					
Careers in Health for Native Students (CHNS) <i>College Students</i>					
Association of Native American Medical Students (ANAMS) <i>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:					

Return application to AAIP office: Association of American Indian Physicians
Student Programs
1225 Sovereign Row, Ste. 103
Oklahoma City, OK 73108

OR

Fax to: (405) 946-7651