Udall Native American Graduate Fellowship
Native Health Care

General Information

Legal Full Name:
LAST Student FIRST Sample M.I.
Preferred Name:

Are you a: ☐ U.S. CITIZEN ☐ U.S. NATIONAL

Federal Tribal affiliation:
Enrollment Status: ☐ Enrolled

State of Permanent Residence:
(Permanent residence is established by at least two of the following: home address for school registration; place of registration to vote; family's primary residence.)

Contact Information
Mailing Address

City State Zip Code
Best telephone: Best Email Address:

Education
Will you be a continuing graduate student in Fall [Current Year]: ☐ Yes
Graduate Institution:
Location: Start Date: 0/0
Graduate Degree Program (e.g., M.S., Ph.D., M.D.):
Field of Study/Concentration:
GPA: On a scale of:
Date you expect to receive your graudate degree (month/year): 0/0

Undergraduate Institution:
Location: Start Date: 0/0
Undergraduate Major:
Undergraduate Minor:
GPA: On a scale of:
Undergraduate Completion Date (month/year): 0/0

Schools Attended

List all other colleges/universities attended, including any for summer and study abroad:

Institution	Location	Dates Attended	GPA

Concurrent Grants/Fellowships

Itemize any grants or fellowships that will coincide with the Fellowship year ([Fellowship Dates]).

Name of Grants/Fellowships	Amount

☐

I, Sample Student, have read and understood the conditions of the Native American Graduate Fellowship. I waive the right to access letters of recommendation written on my behalf. Applications and supporting documents become the sole property of the Udall Foundation and will neither be returned nor submitted to the Selection Committee for evaluation another year. The information contained herein is true and accurate to the best of my knowledge and belief.

Date Signed:

Short Answers

1. What area(s) of Native American and/or Alaska Native health care are you pursuing with your graduate studies? What motivated you to pursue a career in this field?

2. Describe one critical issue in Native American and/or Alaska Native health care and how you hope to address it throughout your educational and professional career?

3. Describe your personal journey as a Native American or Alaska Native, and how it shapes your goals.

4. What experiences and personal/cultural values have shaped your perspective on Native health care services and systems?

5. How will you use the Fellowship funds to support your academic and professional goals for the [Fellowship Year] academic year?

6. Provide any additional information that would be useful for the Selection Committee to know.

Recommendation Letters

Privacy Act Notice

General: This notice is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5 U.S.C. Section 552a, for individuals supplying information to the Morris K. Udall and Stewart L. Udall Foundation (Udall Foundation) in the course of seeking a scholarship, internship, and/or fellowship.

Authority: Sections 5604, 5605 of Title 20 of the U.S. Code authorize collection of this information.

Purposes and Uses: This information is collected for the purpose of evaluating applicants for scholarships, internships, fellowships, and similar positions. This information will be disclosed to personnel within the Udall Foundation and to other personnel outside of the Udall Foundation as required by Udall policies and procedures for the review, award, and administration of the scholarship, internship, and/or fellowship program(s). Contact information for alumni of the scholarship, internship, and/or fellowship program(s) may be used the Udall Foundation to contact individuals about events or issues related to the Udall Foundation programs and mission.

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