



## Consolidated Tribal Health Project

6991 N. State St. / Redwood Valley, CA 95470

P. O. Box 3878 / Calpella, CA 95418

707-485-5115

[www.cthp.org](http://www.cthp.org)

### Board of Directors' Scholarship Program 2024-25

CTHP's Board of Directors offers four (4) scholarships exclusively to college students who are members of the following CTHP Consortium Tribes:

- Cahto Tribe of the Laytonville Rancheria
- Coyote Valley Band of Pomo Indians
- Guidiville Rancheria of California
- Hopland Band of Pomo Indians
- Pinoleville Pomo Nation
- Potter Valley Tribe
- Redwood Valley Band of Pomo Indians
- Sherwood Valley Rancheria of Pomo Indians
- Yokayo Provisional Tribe

The scholarship program was established to recognize achievement and to promote educational success. Scholarship guidelines are as follows:

- Four \$10,000 scholarships (*two for male students, two for female students*) are available.
- The scholarship will be awarded in two equal installments: one for the Fall semester and one for the Spring semester, sent directly to the school.
- To be eligible, applicants must be enrolled at an accredited college for full-time status of study in each semester for which the award is received.
- Scholarships are for fall and spring sessions only.
- A minimum cumulative grade point average of 2.0 must be certified before beginning the enrolled semester.

**Application Deadline: June 3<sup>rd</sup>, 2024, 5:00 p.m.**

#### Application Submission Requirements

- CTHP BOD Scholarship Program Application.
- Two letters of recommendation from school, Tribal or other community representatives must be submitted.
- A current high school or college transcript must be attached to the application.
- **Tribal certification is required.** Yokayo Tribal members are required to provide documentation through the California Judgment Act.
- Proof of enrollment is required before receiving either installment of the scholarship.
- **A complete application, including the letter of acceptance from your attending college and all required documentation, must be submitted by 5:00 p.m. on June 3<sup>rd</sup>, 2024.**
- **It is the applicant's responsibility to ensure that the application is completed, and all required documentation is provided. Otherwise, the application will be denied.**
- The application can be submitted in person at CTHP, at Dental reception during clinic hours.
- To mail the application, send it to the following address:  
Maryann Gonzalez  
Consolidated Tribal Health Project  
P. O. Box 387 / Calpella, CA 95418  
Attention: Scholarship Application



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# Board of Directors' Scholarship Program 2024-25

## Award Requirements and Conditions

- Proof of college enrolment is required before receiving either installment of the scholarship.
- Funds will be paid directly to the school of enrollment. Individuals will *not* receive direct compensation.
- An alternate scholar will be chosen if the original scholarship recipient is unable to fulfill the scholarship conditions.
- Scholarship recipients will not receive direct compensation; funds will be paid directly to the school of enrollment.
- An alternate scholar will be chosen if the original scholarship recipient is unable to complete or comply with the scholarship conditions.
- If there are less than two viable candidates in the male or female category but there are more than two eligible candidates in the other category, we can award more than two scholarships in one category.
- The number of scholarships awarded per year will not exceed a total of four.

## Contact Information

If you have any questions, contact Mary Ann Gonzalez, Dental Director, at 707-467-5634 or by email at [mgonzalez@cthp.org](mailto:mgonzalez@cthp.org)

## To Obtain an Application

- **Request by phone:** 707-467-5634
- **Request in person:** go to Dental Reception in Building B.
- **Request by email:** [mgonzalez@cthp.org](mailto:mgonzalez@cthp.org)
- **Download the application** from: <http://www.cthp.org/board>

**Awards will be announced by the end of June 2024.**



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## Board of Directors' Scholarship Program 2024-25

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number for messages\*: \_\_\_\_\_

*\*Please ensure that your phone's voicemail inbox is set up to receive messages, and that your voicemail is not full.*

Email address: \_\_\_\_\_

List or describe your involvement in extracurricular school activities, groups, clubs, student body offices.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List or describe your involvement in community activities, including offices or leadership positions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in college, university or a trade school?  Yes  No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name of college, university or a trade school: \_\_\_\_\_

Have you been accepted by this school?  Yes **Attach proof acceptance.**  No

What are your education and career goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide information to support your need for this scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*You may provide information on additional sheets.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Application Submission Process

**DEADLINE: 5:00 p.m. on June 3<sup>rd</sup>, 2024.**

**On Campus:** Deliver to DENTAL Department Reception

**By mail:** Maryann Gonzalez, Dental Director  
Consolidated Tribal Health Project  
P.O. Box 387, Calpella, CA 95418  
Attention: Scholarship Application