

## Marimn Health Undergraduate Scholarship

Application Deadline: 5/1/2026

Please print legibly:

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you an enrolled Coeur d'Alene Tribal Member? (Circle One): Y/N

Are you a first-generation descendant of an enrolled Coeur d'Alene Tribal Member? (Circle One): Y/N

E-mail: \_\_\_\_\_

### Scholastic Information

<u>High School /College (Including Dual Enrollment)</u>	<u>Years Attended</u>	<u>Year Graduated*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If you are currently attending a school, please enter CURRENT in the 'Year Graduated' column

High School GPA: \_\_\_\_\_ College GPA (If Applicable): \_\_\_\_\_

Extracurricular Activities/Memberships/ Community Service (civic and professional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What school are you planning to attend? \_\_\_\_\_

What degree path do you plan to/are you pursuing? \_\_\_\_\_



Essay

Attach a typewritten, double-spaced 200-word essay addressing the following questions:

- Why have you chosen this career field?
- Where do you plan to attend college?
- What are your future career goals?
- What impact would this scholarship have on your education and career goals?
- How will you bring your education back to the community to serve your Tribe?

Letter of Recommendation

Attach a typewritten letter of recommendation stating why you are deserving of this scholarship.

Attachments Reminder: The following attachments must accompany your scholarship application:

- Grade Transcript
- Essay
- Letter of Recommendation

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I have read the scholarship guidelines, completed the above scholarship application with attachments, certify that all of the information contained herein is true and correct to the best of my knowledge, and that I qualify for scholarship award consideration. I understand that should any of the information provided be determined to be false, that I may be excluded from consideration and that any award previously given by Marimn Health may be cancelled and/or revoked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please submit application and the requested attachments to Marimn Health Human Resources by 5:00pm May 1, 2026 for consideration:

Email: [humanresources@marimnhealth.org](mailto:humanresources@marimnhealth.org)

Fax: 208-686-1446

Mail: PO Box 388 Plummer, ID 83851

In Person: Lower Level of Clinic building 427 N 12<sup>th</sup> St. Plummer, ID 83851

Questions can be directed to Marimn Health Human Resources at 208-686-5071.

