NPAIHB BHA STIPEND/SCHOLARSHIP APPLICATION

TCHPP
TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM
NPAIHB

APPLICANT INFORMATION

NAME

DATE OF BIRTH

PRONOUNS

RACE/ETHNICITY

TRIBAL AFFILIATION

CONTACT INFORMATION

WORK PHONE #

CELL PHONE #

WORK EMAIL

PERSONAL EMAIL

EMPLOYMENT INFORMATION

CURRENT EMPLOYER/TRIBAL HEALTH ORG.

DATE OF HIRE

CLINICAL SUPERVISOR NAME & EMAIL (IF APPLICABLE)

PHONE NUMBER

EDUCATION

HIGH SCHOOL:

START & END DATE

DIMPLOMA OR GED?

DID YOU GRADUATE?

(1) COLLEGE/UNIVERSITY:

START & END DATE

MAJOR

START & END DATE

DID YOU GRADUATE?

(2) COLLEGE/UNIVERSITY:

START & END DATE

MAJOR

START & END DATE

DID YOU GRADUATE?

STATEMENTS OF INTENT

(1) TELL US A LITTLE ABOUT YOURSELF:

(2) 1-2 PARAGRAPHS OUTLINING YOUR CURRENT INTEREST IN BECOMING A BEHAVIORAL HEALTH AIDE AND HOW YOU THINK THE BHA EDUCATION PROGRAM WILL BENEFIT YOUR GOALS.

(3)WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS IN THE BEHAVIORAL HEALTH FIELD?

(5) WHAT ARE YOUR GOALS IN REGARDS TO PURSUING BEHAVIORAL HEALTH IN A TRIBE OR AI/AN COMMUNITIES? WHAT DO YOU HOPE TO SEE IN TRIBAL COMMUNITIES WITH BEHAVIORAL HEALTH NEEDS?

NPAIHB BHA STIPEND/SCHOLARSHIP APPLICATION

CHECKLIST OF APPLICATION DOCUMENTS NEEDED

Please send all documents to the NPAIHB at TCHPP@npaihb.org.

- ☐ **LETTER OF RECOMMENDATION**
  - **PREFERRABLY BY A CLINICAL SUPERVISOR**
- ☐ **COLLEGE TRANSCRIPTS**
  - **CAN BE UNOFFICIAL TRANSCRIPTS**
- ☐ **RESUME & COVER LETTER**

CHOSEN ACADEMIC INSTITUTION

- ☐ **NORTHWEST INDIAN COLLEGE (NWIC)**
- ☐

NOTE: If you are awarded the stipend funding from the Northwest Portland Area Indian Health Board (NPAIHB) you will be required to apply for Registration & Admissions through Northwest Indian College.

- Applicants will be informed of NPAIHB stipend funding by the BHA Program Manager.
- Prospective students may choose which term they would like to start based upon their availability.