



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Division of Human Resources, Education and Development

4000 Ambassador Drive, C-EDT, Anchorage, Alaska 99508

Telephone: (907) 729-1917

Facsimile: (907) 729-1335

Toll Free: 1 (800) 684-8361

www.anthc.org

2009 ANTHC Summer Internship APPLICATION

WHAT IS THE ANTHC SUMMER INTERNSHIP PROGRAM?

Alaska Native Tribal Health Consortium (ANTHC) Education and Development awards nine-week paid summer internships beginning Monday, June 8, 2009 to Friday, August 7, 2009 to approximately 20 high school and undergraduate students and five graduate students who are Alaska Native or American Indian and are permanent Alaska residents. ANTHC grants these internships as an integral part of its long-term strategy of providing the highest quality health services to all Alaska Natives and American Indians. ANTHC provides work experience in a range of medical professions and support services including finance, human resources, health records, computer technology, engineering, maintenance, and housekeeping.

ANTHC is Alaska's largest Native health provider, serving over 130,000 Alaska Natives and American Indians. ANTHC is a private non-profit, tax-exempt corporation that compacts with the federal government to provide healthcare-related services. ANTHC's major programs include Administration, Community Health, Information Technology, Human Resources, Environmental Health and Engineering, and the Alaska Native Medical Center, which is managed in cooperation with Southcentral Foundation.

WHO IS ELIGIBLE TO APPLY?

To be eligible to participate in the ANTHC Summer Internship program, you must be an Alaska Native or American Indian student who is a permanent Alaska resident and is enrolled in an educational program (high school, undergraduate, or graduate) or has graduated or completed GED requirements no more than six months prior to the start of the ANTHC Summer Internship.

WHAT IS THE PROCESS OF SELECTION?

Education and Development reviews submitted applications for completeness and administers the evaluation process. The following criteria are considered during the selection process: personal statement, letters of recommendation, grades and academic merit, presentation of application, and involvement in the Native community. An appointed committee conducts a final review of the application evaluations and makes an official selection of awarded applicants.

WHEN IS THE APPLICATION DEADLINE?

Completed applications and attachments must be received or postmarked by Friday, February 6, 2009. Applications may be delivered to ANTHC Education and Development, 4000 Ambassador Drive, Anchorage, AK 99508 in person or postmarked by Friday, February 6, 2009. Our office will be open until 5:00 PM on Friday, February 6, 2009 to receive applications.

WHEN IS THE INTERNSHIP AWARD NOTIFICATION?

Award notifications will be made available by Monday, April, 27, 2009.

WHAT ARE THE INTERNSHIP AWARD REQUIREMENTS?

ANTHC Internship recipients must meet the following award requirements. All rights to the ANTHC Summer Internship are waived if award requirements are not met.

- Complete and submit all required documents by the specified deadlines
- Actively participate in the ANTHC Summer Internship program
- Adhere to current ANTHC policies and procedures

WHO DO I CONTACT IF I HAVE ANY QUESTIONS?

Krista Ruesch, Native Development Coordinator

Phone: (907) 729-1348

Email: kruesch@anthc.org

OUTSIDE OF ANCHORAGE

Toll Free: 1 (800) 684-8361

YOUR ANSWER MAY BE ONLINE

Refer to our Internship and Scholarship page for tips on completing your application. www.anthc.org/it/int

ANTHC Summer Internship Application Deadline: Friday, February 6, 2009

2009 ANTHC Summer Internship Application Requirements

All of the documents listed below must be submitted by the deadline in order for your application to be considered complete.

Incomplete applications will not be reviewed.

Additional attachments will be discarded.

All submitted materials become the sole property of ANTHC and cannot be returned.

APPLICATION FORM

Please complete the attached Internship application form, **optional** financial need assessment form if you want to be considered for provided transportation or housing assistance, application checklist and submit the following **required** documents:

ALASKA NATIVE/AMERICAN INDIAN ELIGIBILITY

To demonstrate status as an Alaska Native or American Indian, submit a true and correct copy of **one** of the following:

- Your Tribal enrollment card from a Federally recognized Tribe
- Your Certificate of Indian Blood (CIB) from the Bureau of Indian Affairs

ALASKA RESIDENCY

To demonstrate Alaska residency, submit a true and correct copy of **two** of the following:

- Your Alaska Driver's License
- Your Alaska Voter Registration Card
- Your State of Alaska Birth Certificate
- Proof of eligibility for you to receive an Alaska Permanent Fund Dividend (PFD) from the previous year
- Your Federal income tax return from the previous year; or the tax return of one of your parent's/legal guardian's listing you as a dependent, along with evidence of your parent's/legal guardian's Alaska residency
- Any similar documents acceptable to ANTHC Education and Development (must be approved in advance)

PERSONAL STATEMENT

Submit a personal statement answering the following questions that is no longer than **one page** and meets the following form requirements: typed, single-spaced, and use of 12-point, Arial or Times New Roman font. **Note: Additional pages will not be reviewed.**

- Why are you applying for the internship?
- What is your personal and educational history?
- What are your accomplishments?
- What are your educational and career goals?
- How are you involved in the Native community?
- How does your degree program and this internship correspond with your educational and career goals?
- How will your educational goals contribute to the mission and vision of ANTHC?

RESUME

Submit a current résumé including the following:

- OBJECTIVE: accomplishments, demonstrated skills, educational and career goals
- INTERNSHIP/EMPLOYMENT: position, organization, location, dates, responsibilities and skills
- EDUCATION/TRAINING: education and training program, location, dates, major, degree and GPA
- HONORS/AWARDS/LEADERSHIP
- VOLUNTEER/COMMUNITY ACTIVITIES/INTERESTS
- COMPUTER KNOWLEDGE/SKILLS

LETTERS OF RECOMMENDATION

Submit three **(3) letters** of recommendation from teachers, employers, or persons with knowledge of your experience, potential to succeed, and involvement in the Native community. Letters should state professional relationship and length of association. *Note: Letters of recommendation from the applicant's family related by blood or marriage will not be reviewed.*

OFFICIAL TRANSCRIPTS

Submit the following:

- Official transcripts from **all vocational schools, colleges and universities attended**
- Official transcripts from **all high schools attended** if you have not attended a vocational school, college, university or have earned fewer than 12 credits
- Official proof and date of completion if General Equivalency Diploma (GED) was obtained and you have not attended a vocational school, college, university or have earned fewer than 12 credits

Official transcripts must be placed in a **sealed envelope by the Educational Program** and mailed directly from the Educational Program(s) or included with the application packet in the sealed envelope. *Note: All transcripts should be requested before the application deadline. It is recommended that applicants verify with the Educational Programs(s) that transcripts have been sent. It is recommended that the student request all official transcripts at a minimum of two weeks early, processing time for official transcripts varies per university. All transcript must be postmarked on or before the deadline in order for an application to be considered complete.*



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Application Form

PERSONAL DATA

Are you a previous ANTHC Internship recipient?		If so, list years awarded:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name	M.I.	Last Name	Maiden Name (if applicable)
Male or Female	Date of Birth (mo/day/year)	Place of Birth (city, state)	Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		- -

CURRENT CONTACT INFORMATION

Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email Address	
() -	() -	() -		

PERMANENT CONTACT INFORMATION

All correspondence from the ANTHC Education and Development department will be sent to the applicant's permanent address.

Address		City	State	Zip

ELIGIBILITY

Ensure the AN/AI eligibility documentation is from a Federally recognized Tribe and not from a Native Corporation for example: CIRI, Doyon, BBNC.

Are you Alaska Native and/or American Indian?	Are you enrolled in a Federally recognized Tribe?	If so, Tribal affiliation:	Are you an Alaska Resident?
<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION PROGRAM

List the Educational Program (high school, vocational school, college, university) you are planning to attend for the 2009/2010 academic year. If you will not be attending an Educational Program, please continue on to the Previous Education section.

Educational Program		Address		City	State	Zip
Career Interest	Field of Study (major)	Degree		Academic Status		
		<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Start	Expected Graduation	Credits Planned	Is this Full-time status?		Education Program (operates on)	
/ /	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter	

PREVIOUS EDUCATION

If you need space to list additional Educational Programs attended, please submit the vocational school/college/university name, address, dates attended, major, degree and credits earned on separate sheet of paper.

Vocational School/College/University	City	State	Zip	Start	End/Graduation	Major	Degree	Credits Earned
				/ /	/ /			
				/ /	/ /			
High School	City	State	Zip	Start	Graduation Date (month and year)			
				/ /	/ /			
				/ /	/ /			

How did you hear about the ANTHC \$5000 Scholarship Program:

ANTHC Website Outreach Presentation Flyer

Conference (AFN, etc.) Friend or Family Member: _____ Other: _____

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Financial Need Assessment (Optional)

WHAT IS THE TIME FRAME FOR THE FINANCIAL NEED ASSESSMENT?

The Financial Need Assessment budget is for housing and travel costs to participate in the ANTHC Summer Internship program. Please give estimates for the entire period of the ANTHC Summer Internship. The completion of the financial need assessment form is **optional**, however, please complete this form if you want to be considered for transportation provided from your hometown to Anchorage and return and/or housing accommodation at the University of Alaska Anchorage apartments. Please note, if housing is provided to you by the ANTHC Summer Internship program, you must be 18 years of age or older at the start of the internship (Monday, June 8, 2009).

Would you like to be considered for transportation provided from your hometown to Anchorage and return? Yes No

Would you like to be considered for housing accommodations provided at the University of Alaska Anchorage apartments? Yes No

If you answered yes to either question, please continue on to complete the following:

ESTIMATED HOUSING AND TRAVEL COSTS			
Housing Accommodation	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Apartment <input type="checkbox"/> Other		\$
Travel (hometown to Anchorage and return by airfare or commute)	To:	From:	+ \$
		1 TOTAL	\$
ESTIMATED PERSONAL FUNDS FOR HOUSING AND TRAVEL COSTS			
Personal Contribution to Housing and Travel Costs			\$
Family Contribution to Housing and Travel Costs			\$
Other	Specify:		+ \$
		2 TOTAL	\$
ESTIMATED FINANCIAL NEED (Subtract <u>line 2</u> from <u>line 1</u> to obtain your Estimated Financial Need)			
	1	Estimated Housing and Travel Costs	\$
	2	Estimated Personal Funds	- \$
		Estimated Financial Need	= \$



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Application Checklist

INITIAL:

- _____ I have completed and signed the APPLICATION FORM including "How I heard about the ANTHC Summer Internship Program".
- _____ I have enclosed **one** document from the list of options to demonstrate ALASKA NATIVE/AMERICAN INDIAN ELIGIBILITY
- _____ I have enclosed **two** documents from the list of options to demonstrate ALASKA RESIDENCY
- _____ I have enclosed a PERSONAL STATEMENT answering the questions that is no longer than **one page**, typed, double-spaced, and use of 12-point, Times New Roman font.
- _____ I have enclosed a current RESUME
- _____ I have enclosed **three (3)** LETTERS OF RECOMMENDATION
- _____ I have enclosed in a **sealed envelope by the Educational Program** or the Educational Program will send OFFICIAL TRANSCRIPTS for one of the following options:
 - Official transcripts from all vocational schools, colleges and universities attended
 - Official transcripts from all high schools attended if I have not attended a vocational school, college, university or have earned fewer than 12 credits
 - Official proof and date of completion if I obtained a General Equivalency Diploma (GED) and have not attended a vocational school, college, university or have earned fewer than 12 credits
- _____ I understand that an incomplete application will not be reviewed, additional materials will be discarded and all submitted materials become the sole property of ANTHC and cannot be returned.

Statement of Certification

Application Information

I do hereby attest that the information I have provided and included in this application is true, correct, and complete.

Transportation and Housing

I do understand that to participate in the ANTHC Summer Internship I may be required to obtain my own transportation to and housing in Anchorage. If so, this is at no expense to ANTHC.

I have read and understand the above "STATEMENT OF CERTIFICATION" and, if approved, agree to abide by the terms and conditions of the internship.

Name of Applicant (printed or typed)

Applicant Signature

Date

Parental Consent (if the above applicant is a minor)

I/We, _____, the parent(s)/guardian(s) of the above minor applicant, _____, do hereby consent to his/her participation in the ANTHC Summer Internship. I/We do hereby understand this program requires my child to be in Anchorage to participate. I/We understand that our own arrangements may need to be made to transport my child to and from Anchorage and house my child in Anchorage for participation. If so, this is at no expense to ANTHC.

Name(s) of Parent(s)/Guardian(s) (printed or typed)

Parent(s)/Guardian(s) Signature(s)

Date

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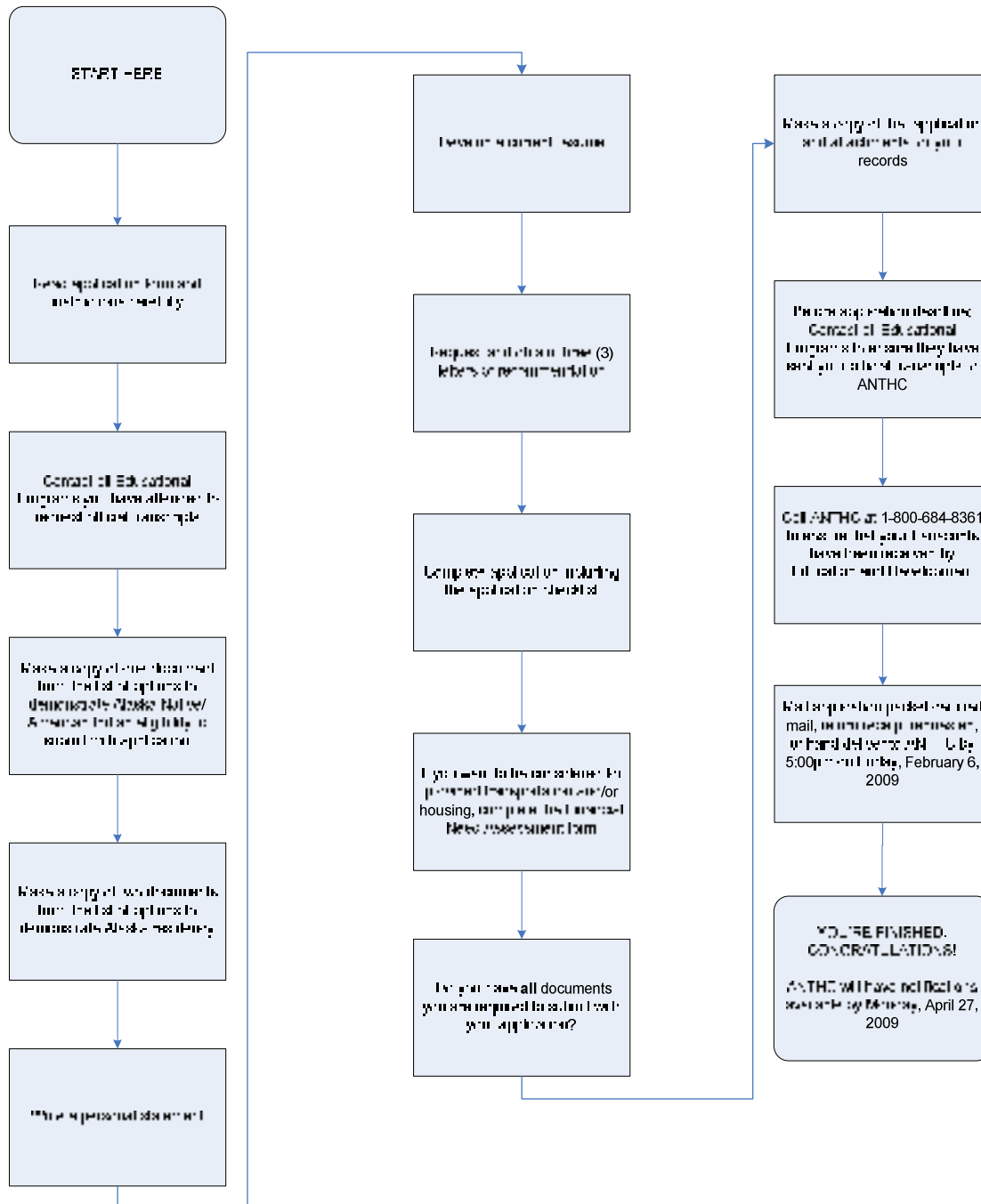
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ANTHC Summer Internship Application Flow Chart



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