



# *Ann Misegan Scholarship*

Former Council member, Ann Misegan, prioritized the health of our community and was instrumental in the development of our KBIC Health Clinic. She was employed as a nurse and dental assistant for many years and encouraged education, especially in the health fields.

This is a merit-based scholarship seeking to recognize one outstanding KBIC member each year who shares her passion.

## **To Be Eligible, students must:**

- Be an enrolled KBIC member
- Attend an accredited college or university
- Maintain full-time enrollment status
- Be degree seeking in a health care field
- Maintain a minimum 3.0 GPA

## **Preference, will be given to those:**

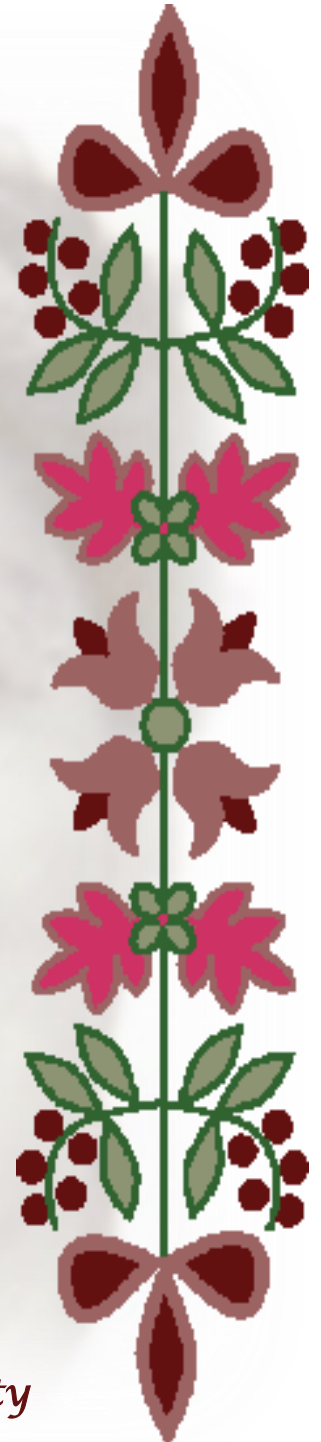
- Seeking advanced degrees
- Within one year of program completion
- Pursuing nursing or dental fields
- Residents of Baraga or Marquette Counties

**Scholarship Amount:** \$5,000.00

(\$2,500.00 per semester)

**Annual Deadline:** July 1 (*for the upcoming year*)

*This opportunity is made available through the Keweenaw Bay Indian Community*





# Ann Mizegan Scholarship

## APPLICATION

### STUDENT DEMOGRAPHICS

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

KBIC ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### COLLEGE/UNIVERSITY INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

Degree Type: \_\_\_\_\_ GPA: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Enrollment Status: \_\_\_\_\_

### Applications, must include:

- Completed application
- Essay describing their passion in their chosen health field and how their degree will help strengthen KBIC
- Official transcripts (high school or college)

### Selection:

- One award recipient will be chosen by the KBIC Education Committee per year
- Awardee will be notified in August
- Appeals will be heard by KBIC Education Committee

*I declare that the information on this form is true, correct, and complete to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Applications can be submitted to:*

KBIC Education Department,  
16429 Beartown Rd, Baraga, MI 49908  
[julio@kbic-nsn.gov](mailto:julio@kbic-nsn.gov) or [lbadke@kbic-nsn.gov](mailto:lbadke@kbic-nsn.gov)

