



Seneca diabetes foundation
Strong in spirit. Strong in body.

**The Barry and Deanna Snyder, Sr.
Chairman's Scholarship
2018-2019 Application**

This scholarship is open to people of the Seneca Nation wishing to pursue a college/university degree in the health or social services professions. Please see the attached outline for the specific eligibility criteria. The application form is due **Tuesday, July 31, 2018** and can be submitted by mailing it to:

The Seneca Diabetes Foundation - Lucille White
P.O. Box 309
Irving, NY 14081

<i>Please print, furnishing all requested information. If needed, ONE additional page may be used to answer questions 7-10. If an additional page is needed, please write your name at the top and staple to this cover page.</i>			
1. Last Name	First Name	MI	
2. Address	City	State	ZIP
3. Phone	Fax	E-mail	
4. If currently enrolled in a college or university:			
School name	Address	Phone Number	
Academic Advisor			
Enrolled: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Expected completion date (month/year)	
5. If currently in high school:			
School name	Address	Phone Number	
Guidance Counselor			

6. Area of health or social services interest:

7. What professional, community or cultural services/activities have you participated in?

8. Explain how the Barry and Deanna Snyder, Sr. Chairman's Scholarship would help further your education.

9. What is your goal(s) or plan for using your education and training to benefit the Seneca Nation and its people?

10. Give an example of a time where you served in a leadership position. What successes and challenges were you faced with? What lessons did you learn and how can you apply them to other life experiences?

11. Please attach the following documents:

- A) Proof of enrollment in the Seneca Nation of Indians
- B) Letter of support from a teacher/academic advisor
- C) Copy of most recent transcripts

COMMITTEE REVIEW

1. Meets all criteria Y N

2. Total points rec'd _____

3. Reviewer Initials _____



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**Seneca Gaming Corporation Scholarship
2018-2019 Application**

This scholarship is open to people of the Seneca Nation wishing to pursue a college/university degree in healthcare business and administration. Please see the attached outline for the specific eligibility criteria. The application form is due **Tuesday, July 31, 2018** and can be submitted by mailing it to:

The Seneca Diabetes Foundation - Lucille White
P.O. Box 309
Irving, NY 14081

<i>Please print, furnishing all requested information. If needed, ONE additional page may be used to answer questions 7-10. If an additional page is needed, please write your name at the top and staple to this cover page.</i>			
1. Last Name	First Name	MI	
2. Address	City	State	ZIP
3. Phone	Fax	E-mail	
4. If currently enrolled in a college or university:			
School name	Address	Phone Number	
Academic Advisor			
Enrolled: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Expected completion date (month/year)	
5. If currently in high school:			
School name	Address	Phone Number	
Guidance Counselor			

6. Area of healthcare business and administration interest:

7. What professional, community or cultural services/activities have you participated in?

8. Explain how the Seneca Gaming Corporation Scholarship would help further your education.

9. What is your goal(s) or plan for using your education and training to benefit the Seneca Nation and its people?

10. Give an example of a time where you served in a leadership position. What successes and challenges were you faced with? What lessons did you learn and how can you apply them to other life experiences?

11. Please attach the following documents:

- A) Proof of enrollment in the Seneca Nation of Indians
- B) Letter of support from a teacher/academic advisor
- C) Copy of most recent transcripts

COMMITTEE REVIEW

1. Meets all criteria Y N

2. Total points rec'd _____

3. Reviewer Initials _____



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**The Ruth Goode Scholarship
2018-2019 Application**

This scholarship is open to people of the Seneca Nation wishing to pursue a college/university degree in the nursing profession. Please see the attached outline for the specific eligibility criteria. The application form is due **Tuesday, July 31, 2018** and can be submitted by mailing it to:

The Seneca Diabetes Foundation - Lucille White
P.O. Box 309
Irving, NY 14081

<i>Please print, furnishing all requested information. If needed, ONE additional page may be used to answer questions 7-10. If an additional page is needed, please write your name at the top and staple to this cover page.</i>			
1. Last Name	First Name	MI	
2. Address	City	State	ZIP
3. Phone	Fax	E-mail	
4. If currently enrolled in a college or university:			
School name	Address	Phone Number	
Academic Advisor			
Enrolled: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Expected completion date (month/year)	
5. If currently in high school:			
School name	Address	Phone Number	
Guidance Counselor			

6. Area of nursing interest:

7. What professional, community or cultural services/activities have you participated in?

8. Explain how the Ruth Goode Scholarship would help further your education.

9. What is your goal(s) or plan for using your nursing experience to benefit the Seneca Nation and its people?

10. What qualities about Ruth Goode's life, both personal and professional, do you identify with the most?

11. Please attach the following documents:

- A) Proof of enrollment in the Seneca Nation of Indians
- B) Letter of support from a teacher/academic advisor
- C) Copy of most recent transcripts

COMMITTEE REVIEW

1. Meets all criteria Y N

2. Total points rec'd _____

3. Reviewer Initials _____



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**The Geraldine Memmo Scholarship
2018-2019 Application**

This scholarship is open to people of the Seneca Nation wishing to pursue a college/university degree in the health or social services professions. Please see the attached outline for the specific eligibility criteria. The application form is due **Tuesday, July 31, 2018** and can be submitted by mailing it to:

The Seneca Diabetes Foundation - Lucille White
P.O. Box 309
Irving, NY 14081

<i>Please print, furnishing all requested information. If needed, ONE additional page may be used to answer questions 7-10. If an additional page is needed, please write your name at the top and staple to this cover page.</i>			
1. Last Name	First Name	MI	
2. Address	City	State	ZIP
3. Phone	Fax	E-mail	
4. If currently enrolled in a college or university:			
School name	Address	Phone Number	
Academic Advisor			
Enrolled: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Expected completion date (month/year)	
5. If currently in high school:			
School name	Address	Phone Number	
Guidance Counselor			

6. Area of health or social services interest:

7. What professional, community or cultural services/activities have you participated in?

8. Explain how the Geraldine Memmo Scholarship would help further your education.

9. What is your goal(s) or plan for using your nursing experience to benefit the Seneca Nation and its people?

10. Explain how your interest in Seneca/Native American history came about. How do you research the subject and how have you applied your knowledge? What is the most interesting aspect of Seneca/Native American heritage to you?

11. Please attach the following documents:

- A) Proof of enrollment in the Seneca Nation of Indians
- B) Letter of support from a teacher/academic advisor
- C) Copy of most recent transcripts

COMMITTEE REVIEW

1. Meets all criteria Y N

2. Total points rec'd _____

3. Reviewer Initials _____