

Student Financial Assistance Request Guidelines

One of the primary roles of the Center for Native American Health (CNAH) is to support the academic, social, and cultural needs of Native American health sciences students at UNM. Students may request individual financial assistance to defray costs associated with the following:

- **HSC Program Admission:** Entrance exam fees/preparation (e.g. MCAT) and application fees.
- **Completing HSC Degree Program:** Supplementary books (not including text books); supplies; program related exam registration/preparation (e.g. Step 1); and expenses related to completing program-related research (e.g. Required Medical Student Research, Master's Thesis, Doctoral Dissertation, etc.).
- **Professional Conferences:** Travel (including airfare, registration, and lodging); meals (by reimbursement); and costs associated with presenting at conferences such as poster printing, lamination, etc.
- **Cultural Events & Activities:** Expenses related to participating in community cultural activities, personal spiritual wellness, etc.
- **Professional Licensure:** preparation materials and preparation courses.

Please be advised that we *cannot* fund personal items, living expenses (e.g. rent, car repair, bills, childcare, etc.), or provide travel advances.

Requests and funding amounts are prioritized and may vary. Students will only be approved for financial assistance one time per semester and will not exceed the maximum amount of \$1,500 per academic year. Approval of final amount is at the discretion of the CNAH Director and based on the availability of funds.

ELIGIBILITY

To be eligible for this award, students must be:

- Currently enrolled in a health-related degree program at the UNM HSC, or currently enrolled at UNM-Main applying to a UNM health-related Graduate degree program
- An enrolled member of a federally-recognized Native American Tribe, Pueblo, or Nation
- In good academic standing
- Able to demonstrate financial need

APPLICATION PROCESS

1. Complete the Student Financial Assistance Request Form to the best of your abilities. Your final award will not exceed the amount of your request. Therefore please remember to include any associated taxes and fees (e.g. shipping & handling, resort, etc.)
2. Submit a complete application to the CNAH Office **no later than 10 business days before** the event or expected delivery date. Approval and processing requires at least 2 weeks – early applications are appreciated. Keep in mind:
 - a. Mileage, cab fare, and gas is by reimbursement only – original receipts will be required for processing.
 - b. Meals will be reimbursed after the event – please provide a final agenda or conference program upon your return.
 - c. If requesting reimbursement for pre-purchased items, please include an original receipt.
3. If applicable, please provide the following documentation to support your request:
 - a. Reservation Confirmation Emails (i.e. lodging, air travel, etc.)
 - b. Conference Agenda or “Save the Date” flyer
 - c. Detailed Information for Book/Supply orders (e.g. ISBN, Author, Title, URL, **Printed Screenshot**, etc.)
 - d. URL and login information (i.e. user name and password) if online payment is requested for registration, membership, etc.
4. If needed, CNAH may request additional information such as a Certificate of Indian Blood (CIB), Tribal Enrollment Card, or Unofficial Transcript with previous semester grades. Depending on the nature of your request, we may request additional documents not listed here.
5. If awarded, students will be notified via email with their total award amount and will receive instructions for accessing their award. All students who receive an award will be required to provide service to CNAH by volunteering to participate with events and activities. Service hours will be determined by the Director and will be indicated on the award letter. Awarded students will also be asked to provide a follow-up email/letter to the CNAH Director with the results or outcomes of their funding award.



STUDENT FINANCIAL ASSISTANCE REQUEST FORM

Banner ID: _____ Date: _____

Name: _____ Tribal Affiliation(s): _____

Mailing Address: _____ Email address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Enrolled Degree Program: _____ Anticipated Graduation Date: _____

Have you ever received CNAH Financial Support? ☐ Yes ☐ No If yes, when? _____ Amount: \$ _____

DESCRIPTION OF REQUEST

Purpose: ☐ Conference/Workshop ☐ Cultural Activities ☐ Books or Supplies ☐ Testing Fees or Prep ☐ Other

1) Briefly summarize your request and (2) explain how this assistance will support you as a student and/or in your profession. (Attach separate sheet if necessary).

CONTRIBUTION TO CNAH ACTIVITIES

- I certify that the information provided on this request is correct and complete to the best of my knowledge.
- I understand that approval of this request and the award value is at the discretion of the CNAH Director and based on the availability of funds.
- I understand that it is my responsibility to ensure that all supporting documentation (i.e. conference agenda, reservation confirmation emails, etc.) is received by the Center for Native American Health at least 10 business days before the event or expected delivery date.

Should I receive an award, I agree to reciprocate my award through service to the Center for Native American Health indicated by the Director, Dr. Tassy Parker, by contributing to CNAH activities (i.e. high school recruitment, mentorship, speaker, etc.).

Signature _____ Date _____

Return your completed request form (pages 1 & 2) to:

Center for Native American Health | 1001 Medical Arts Ave NE, Albuquerque, NM 87131 | Fax: (505) 272-6019

SIGNATURE/APPROVALS – STAFF ONLY

☐ Approved Amount approved: _____ Index to be charged: _____ Assigned Hours: _____

☐ Denied Reason for denial: _____

Director's Signature _____ Date _____

ESTIMATED BUDGET DETAILS

Title of Event: _____

Event Location (City, State) _____ Date(s) of Event: _____

Event Fees	<input type="checkbox"/> MEMBERSHIP FEES * ▶ Category: _____ \$ _____ <input type="checkbox"/> REGISTRATION * ▶ Type: _____ \$ _____ <input type="checkbox"/> OTHER ▶ Description: _____ \$ _____	\$										
Air Travel	<input type="checkbox"/> AIRFARE Airline: _____ \$ _____ Destination (City, State): _____ Frequent Flyer # _____ Departure Date: _____ Time: _____ <u>Seat Type</u> Return Date: _____ Time: _____ <input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> No Pref. <input type="checkbox"/> AIRPORT TRANSFERS <input type="checkbox"/> Shuttle <input type="checkbox"/> Taxi \$ _____ Shuttle Name: _____ Pick-up time (from Airport) _____ Pick-up time (to Airport) _____	\$										
Auto	<input type="checkbox"/> PERSONAL CAR Est. RT Mileage _____ X \$0.535 per mile = \$ _____	\$										
Meals	MI&E Rate: \$ _____ <i>In-state = \$51.00; All others: Click here</i> Breakfast: @ 20% _____ X # of Breakfasts: _____ = \$ _____ Lunch: @ 25% _____ X # of Lunches: _____ = \$ _____ Dinner: @ 55% _____ X # of Dinners: _____ = \$ _____	\$										
Lodging	Hotel Name: _____ Address: _____ City/State: _____ Nightly Rate: _____ # of Nights: _____ Tax Rate (0.XX) _____	\$										
Other	Vendor: _____ <input type="checkbox"/> Books <input type="checkbox"/> Supplies/Equipment <input type="checkbox"/> Other <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description (URL – if available)</th> <th style="width: 40%;">Cost</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description (URL – if available)	Cost									\$
Description (URL – if available)	Cost											
GRAND TOTAL		\$										

**Please provide URL and log-in information if online payment option is available.*