

Circle of Care

June 8 – July 2, 2009



APPLICATION REQUIREMENTS

All applicants must send the following items before their application for the Circle of Care program can be considered:

- Completed application form
- One letter of recommendation
 - From a teacher, school administrator, tribal leader, or IHS Director of Nursing familiar with the student's academic background or potential to complete a bachelor's degree in nursing and interest in serving American Indian communities.
- Official copy of high school transcripts for incoming freshman or official copy of all college transcripts if the student has already completed courses at a college/university.
- A copy of the student's tribal enrollment or Certificate of Indian Blood.
- Applications due by **April 17, 2009**

The Circle of Care program will provide a weekly stipend and on-campus housing for each student while participating in the program. The equivalent of the residence hall fee can be applied to family housing if the student has made prior arrangements. A travel per diem will also be provided for the trip to Bozeman and return home at the end of the program.

Students will have weekends on their own and are welcome to stay in Bozeman and/or attend other activities. However, the Circle of Care program will not provide additional travel compensation for multiple trips.

Application materials can be mailed, faxed, or sent by e-mail to:

Caring for Our Own Program
College of Nursing
216 Sherrick Hall
Bozeman, MT 59717
Fax: (406) 994-6020
E-mail: camille.stein@montana.edu

If you have any questions about the program or the application process, please call (406) 994-7684 or send an e-mail inquiry to: camille.stein@montana.edu



APPLICATION FORM – Due April 17, 2009
Circle of Care
Montana State University – Bozeman

Name _____ Social Security # _____
 (Last, First, Middle)

Email Address _____ Date of Birth _____

Permanent Address _____ Permanent Phone _____

_____ Current Phone _____

(Street or PO Box)

_____ Cell/Work Phone _____

(City) (State) (Zip)

Tribal Affiliation _____ Tribal Enrollment # _____

Schools/Colleges: List the high school you graduated from and all colleges you have attended.

| Name of School | Address | Cumulative GPA | Years Attended | Date of Graduation |
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What level will you enroll as:

Freshman Sophomore Junior Senior

Expected term of entry: Fall _____ Spring _____ Summer _____
 (Year) (Year) (Year)

Have you been admitted to MSU's College of Nursing Upper Division? Yes No

Recommendations: List one individual to whom you have requested a letter of recommendation. It must be from a teacher, administrator, tribal leader or I.H.S. Director of Nursing who has knowledge of your academic background or can address your interest in becoming a nurse and serving the American Indian community.

| Name of Individual | Address | Phone # | Position |
|--------------------|---------|---------|----------|
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Student's Signature _____ Date _____