



Ponca Tribe of Nebraska
Department of Education

1800 Syracuse Avenue
Norfolk, NE 68701

402-371-8834
FAX: 402-371-7564

April 02, 2026

Dear Tribal Member:

This letter is to inform you of a new **nationwide** scholarship opportunity specifically for students in the **health care field**. Funding will be available for the 2026-2027 school year. Students must be an enrolled member of the Ponca Tribe of Nebraska pursuing degrees, licenses, or certificates in healthcare, mental health, or substance abuse field. Selected students may receive up to \$2,500.00 for the school year.

The **Grow Your Own Scholarship** is being provided by Tribal Opioid Funding Strategies. This enables our members to become skilled professionals who can better serve our tribal nation. This strategy outlines a comprehensive and culturally grounded approach to allocating and managing funds in support of Tribal initiatives aimed at addressing substance use, mental health, and community well-being. By prioritizing programs that integrate culture, workforce development, prevention, treatment, and recovery, we are not only addressing immediate needs but also fostering long-term resilience and healing within the Ponca Tribe of Nebraska.

The **Grow Your Own Scholarship** will expand on existing services and programs such as HEID and WIOA and will bridge the gap in funding that is inadequate, or unavailable to members based on eligibility requirements.

Funding will be awarded on a “first-come, first-serve” basis until funds are depleted.

The deadline to apply is August 15th, 2026.

Enclosure: Guidelines, Application, Contract, Financial Need Form

GROW YOUR OWN SCHOLARSHIP

About the Scholarship:

The Grow Your Own Scholarship Program is designed to empower and develop future leaders within our Tribal Nation by providing financial support for Tribal members pursuing degrees, licenses, or certificates in healthcare, mental health, or substance use services. This program recognizes the critical need for culturally competent professionals who understand the unique challenges faced by our community and are committed to fostering wellness and resilience.

Purpose/Goal:

This scholarship aims to invest in the future of our Tribal Nation by empowering our members to pursue careers in healthcare, mental health, and substance use services. By fostering a skilled workforce grounded in our culture and values, we can strengthen our community, enhance the quality of care provided, and ensure that our people receive the support they need to thrive with hopes to build a healthier future for our tribe. The Grow Your Own Scholarship will expand on existing services and programs such as HEID and WIOA and will bridge the gap in funding that is inadequate, or unavailable to members based on eligibility.

Eligibility:

- An enrolled member of the Ponca Tribe of Nebraska; and
- Pursuing a degree/career in the healthcare, mental health, or substance abuse field;
- A student enrolled in one of the following types of programs:
 - a. A certificate/licensure program
 - b. An associate/two-year program
 - c. A baccalaureate/four-year program
 - d. A graduate degree program
- The student must have a 2.5 GPA or higher to qualify.

Application Process

All prospective applicants must submit the following:

- Completed Application
- Signed Contract of Understanding
- Financial Need Form (top part completed by student; bottom, by Financial Aid)
- Verification of enrollment in the Ponca Tribe of Nebraska
- Final high school transcripts for first year students; most recent transcripts for all other students

Funding Distribution Process:

Once an applicant is selected, funds will be disbursed directly to the student via check. A W9 form will need to be completed before funds are released.

Deadline to Apply:

The deadline to apply for this scholarship is August 15th, 2026.

Selection Process:

Awards will be available on a first-come, first-serve basis until funds are depleted.

Scholarship Requirements:

- The student must be enrolled in the healthcare field
- The student must submit an official transcript to the Ponca Tribe's Education Department
- Certification/Licensure students must provide proof of completion
- Failure to comply will result in a denial of funding
- Personal Statement
- Reference Letter

End of the School Year Follow-up:

Upon the completion of the school year, students must provide official transcripts/documents of completion/copy of certification and/or license, ect.

GROW YOUR OWN SCHOLARSHIP

APPLICANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Telephone/Cell Phone:

Email Address:

Date of Birth:

Tribal Enrollment#

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of college/institution you plan to attend:

Program of Study:

Estimated Cost of Program:

Unmet need:

Have you applied for/received other funding (WIOA, HIED, PELL, ect.) YES

NO

If yes, please list sources and amounts:

PERSONAL STATEMENT

Please attach a typed personal statement (500 words max) describing:

- Your career goals in healthcare, behavioral health, or substance abuse services
- Your commitment to serving Native Communities
- How this scholarship will support your goals

REFERENCE

Provide one reference letter (instructor, advisor, or employee preferred)

Name:

Relationship:

Phone/Email:

PLEASE INCLUDE THE FOLLOWING ATTACHMENTS

- Proof of enrollment in the Ponca Tribe of Nebraska
- Copy of high school/GED transcript/diploma or most recent transcript
- Contract of Understanding
- Completed Financial Need Form
- Any required information listed on this form that did not fit on this sheet

SIGNATURE

DATE

GROW YOUR OWN SCHOLARSHIP

Contract of Understanding

I, _____, will use this scholarship to assist me
(Please print full name)

with my program of study. I understand that I am to maintain satisfactory progress with a GPA of 2.5 or higher for each class/field of study funded. In addition, if I do not maintain satisfactory progress, I may not qualify for future funding. Also, I am to submit an official transcript and/or certificate/licensure of completion to the Ponca Tribe of Nebraska's Department of Education for each term funded.

I certify that the information provided on my application is true and complete to the best of my knowledge. I understand that falsification of information may result in withdrawal of funding.

Scholarship Recipient Signature

Date



HIGHER EDUCATION/ADULT VOCATIONAL TRAINING/ GRADUATE/POST-GRADUATE PROGRAM/ALL SCHOLARSHIPS FINANCIAL NEED FORM

I. TO BE COMPLETED BY THE STUDENT:

NAME _____ STUDENT SCHOOL ID# _____

HOME ADDRESS _____

CITY/STATE/ZIP _____ TRIBAL ENROLLMENT NO. _____

YEAR IN COLLEGE _____ MAJOR _____ MINOR _____ CREDIT HRS COMPLETED _____

Please note: All undergraduate students are required to complete and process the Free Application for Federal Student Aid (FAFSA) before eligibility for tribal assistance can be determined. The appropriate college/university is then to complete Part II of this form based on the results of the FAFSA and forward to:

**PONCA TRIBE OF NEBRASKA
EDUCATION DEPARTMENT
1800 SYRACUSE AVENUE
NORFOLK, NE 68701
TELEPHONE: (402) 371-8834/FAX: (402) 371-7564
EMAIL: pate@poncatrbe-ne.gov or aknudsen@poncatrbe-ne.gov**

I, hereby, grant permission for all information on this form to be submitted to the above addressee.

Signature of Student _____ Date _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER:

This student has applied to the Ponca Tribe of Nebraska Department of Education for assistance. Verified financial need information is required by policy before we can take action on this application. For the undergraduate student, please complete and forward this form or a like form to the above addressee. For the graduate/post-graduate student, complete only those areas that are applicable. And, if possible, please complete budget period for the entire school year. Thank you for your assistance.

Budget Period: From _____ to _____ which starts on _____
month/year month/year date

This student is considered: Independent ___ Dependent ___ Assessed Need \$ _____

Parental Contribution	_____	PELL Grant	_____	Tuition	_____
Student Contribution	_____	Work Study	_____	Books	_____
Spouse Contribution	_____	SEOG	_____	Fees	_____
VA Benefits	_____	Grant - State/Other	_____	Room	_____
Soc. Sec. Benefits	_____	Scholarship	_____	Board	_____
Welfare Benefits	_____	Direct Loan	_____	Travel	_____
Voc Rehab	_____	Unsub Loan	_____	Misc.	_____
Workforce Dev	_____	Waivers/Other	_____	Total	_____
Total	_____	Total	_____		

We recommend that the Ponca Tribe of Nebraska consider awarding this student _____

Signature _____
Financial Aid Officer* Date Telephone Number

Name of College Address ZIP Code

*My signature verifies that the above named student has been accepted by our college for the period indicated. Type of terms implemented by your college/university: Semesters Quarters Trimesters Other: _____

Tuition and fee costs are based on: 12 credit hours per term 15 credit hours per term Other: _____