The Intertribal Agriculture Council (IAC) in its continuing efforts to ensure Native use of Native resources, recognizing the critical importance of advancing education among our people. The Bob Miller Memorial Scholarship Program has been developed to encourage the pursuit of continuing education and provide financial support to students with demonstrated scholastic ability to seek Higher Education Programs. To this end, the IAC will award twenty-four (24) $2,000.00 scholarships per year ($1,000.00 per semester) to the successful applicants.

The scholarship program is open to all enrolled members of federally recognized tribes or Alaska Native Corporations. All applicants are expected to provide documentation that they meet eligibility criteria. In order to be considered for first priority funding, undergraduate applicants must be pursuing a Bachelor of Science degree in one of the following: Agriculture, Agriculture Business, Agriculture Education, Agriculture Engineering, Animal Science, Environmental Management, Horticulture, Natural Resource Management, Range Management, Soil Science, Veterinary Medicine, or other related fields of study. The applicant must have participated in previous IAC Youth Programs to be eligible for this scholarship, or received other IAC scholarships in past years.

The IAC Education Committee will screen, select, determine application merit, and rank applications for final approval. All applications for the scholarship program will be ranked by the following criteria: leadership ability, educational and personal goals, written essay, and programs of study. Applicants not meeting a priority field of study will be reviewed on a secondary basis for funding consideration. Applicants seeking funding consideration to pursue PART-TIME programs will be considered after all FULL-TIME applicants have been reviewed and considered. Recipients of IAC scholarships will be called IAC Scholars.

IAC Scholars must currently be accepted or enrolled in a nationally or regionally accredited institution of higher education and attend school on a full-time basis as defined by the educational institution in which the applicant is enrolled. IAC Scholars will receive the second semester disbursement, so long as the IAC Scholar maintains a minimum 2.25 GPA and submits their current transcript, with grades posted, and their class schedule for their next semester.

Scholarship funds will be disbursed directly to the IAC Scholar. The scholarship funds are not designed to cover 100% of total educational expenses. IAC Scholars are strongly encouraged to apply for all financial aid and other resources available to them. All scholarships will be awarded on a semester basis. As an example, an IAC Scholar enrolled at an institution utilizing the semester system, the Scholar will be attending 2 semesters per year and will receive two $1,000.00 installments ($1,000 per semester).

All IAC scholars must re-submit the Bob Miller Memorial Scholarship yearly for consideration in the next school year.

If you are currently enrolled in a college institution please send in your current transcript and class schedule for Fall 2020 semester.

All IAC Scholars must sign a Scholarship Agreement prior to IAC payment of scholarship funds.

Application Deadline: June 1, 2020
Submit applications to: Zachary Ilbery: ilbery@indianag.org (PDF FORMAT ONLY)
Bob Miller Memorial Scholarship

Application Date: ________________

General Information:

Name:___________________________________________ Date of Birth: ________________

Email Address: __________________________________________

Tribe: __________________________________________ Enrollment #: _________________

Permanent Address: __________________________________________

City:________________________ State: _________________________ Zip: _____________

Home Phone: ______________________________ Cell Phone: ______________________

Have you participated in IAC Youth Programing Activities in the past? _____ Yes _____

No

College Institution Information:
(Must attach a letter of acceptance showing major field of study.)

Name of Institution: ____________________________________________________________

Address: _____________________________________________________________________

Year in School:

_____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Degree

________________ Other Type of Degree (Explain: ________________________________)

Current Grade Point Average (GPA): ____________________________________________

Major: _________________________________ Minor: _______________________________

Expected Degree to Earn: ____ Associates ____ Bachelor ____ Masters ____ Doctorate
Bob Miller Memorial Scholarship

Date classes will start: _______________ Anticipated Graduation Date: ______________

Academic Advisor: ___________________________ Phone: _________________________

Do we have permission to contact your academic advisor? _____ Yes _____ No

Applicant Achievements: (Attach additional pages if needed.)

Career Goals:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

In-School activities and involvement:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Community/Tribal activities and involvement:

______________________________________________________________________________
______________________________________________________________________________
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Academic Honors and Awards:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other Recognitions and Awards (Tribal, Community, Organizations, etc.):

______________________________________________________________________________
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Employment; After School and summer (list employer, address or phone, and type of work): Do we have permission to contact your employer? _____ Yes _____ No

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**Recommendations:**

Please list *at least* (2) two references on your behalf that can talk about your academic achievement, community involvement, and character. An IAC representative will send a separate form to your references via email. Their recommendations will remain confidential between the IAC representative, and education selection committee.

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Attach a typed written essay (minimum of 500 words and not to exceed 1,500 words) describing how the use of this scholarship will enhance future management of tribal natural resources and agriculture. *(Please do not write an autobiography, we want to know how your education is going to be used to benefit the betterment of Indian people in the future.)*

*Note: Your scholarship will be considered incomplete without this essay. When submitting the scholarship, the essay, and application will need to be scanned in ONE PDF DOCUMENT and EMAILED TO ZACHARY ILBERY.*

**Certification:**

I hereby certify to the best of my knowledge that the information provided is true and correct.

_________________________  ______________________
Signature  Date
I, __________________________, do hereby agree to carry a full-time student credit load, (as defined by the attending academic institution) and do hereby agree to maintain a minimum 2.25 grade point average. I fully understand I will be granted only one term of PROBATIONARY status, should the scholarship GPA or minimum credit hours not be met per respective program after one PROBATIONARY term, I will be TERMINATED from the scholarship program for the life of my college career.

I agree to notify the Intertribal Agriculture Council of any emergency which dictates my withdrawal from school. Failure to do so will prevent reinstatement in the scholarship program.

I understand that this scholarship program is one year (two-semesters) in length, but can re-apply for the scholarship until the completion of my degree.

____________________________________________________  ______________________
Signature                                                      Date