



85 West Highway 22  
Santo Domingo, NM 87052  
Phone: (505) 465-3060  
Fax: (505) 465-1191

KPHC Board Chair  
Mr. Matthew Rosetta

KPHC Board Vice-Chair  
Delilah Tenorio, ESQ

KPHC Board Secretary  
Ms. Laura Miller

KPHC Board Treasurer  
Dr. Alvin Garcia

KPHC Board Member  
Mr. Allen Lovato

KPHC Board Member  
Esquipula Tenorio Jr.

KPHC Board Member  
Janie Reano

Healthy People, Healthy Community, Healthy Lifestyles



## **COMMUNITY BULLETIN**

### **The Health Board of the Kewa Pueblo Health Corporation (KPHC)**

is honored to announce an opportunity for  
educational funding and support to enrolled members  
of the Santo Domingo Pueblo.

#### **KPHC EDUCATIONAL AWARD/ SCHOLARSHIP PROGRAM**

Applications are being accepted to support, encourage and fund community members in their pursuit of education goals.

Applicants must submit the following documents to be considered for a scholarship award.

- *Proof of Enrollment with the Santo Domingo Pueblo Tribe*
- *Official Transcripts from the last school attended*
- *Proof of Acceptance/ Enrollment*
- *Completed Questionnaire*
- *Two (2) Letters of Recommendation*
- *A completed KPHC Educational Award/Scholarship Application*
- *Updated Resume*

For additional information and guidance please contact:

- Any member of the KPHC Health Board in your community;
- Jolene Lalio, at (505) 465-3060; or
- Email [jlalio@kp-hc.org](mailto:jlalio@kp-hc.org)
- **Application Deadline July 3rd, 2025**





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## KPHC Educational Award/Scholarship Application

The purpose of the Kewa Pueblo Health Corporation's (KPHC) Educational Award/ Scholarship Program is to support, encourage and fund applicants in their pursuit of their educational goals. This scholarship is specifically designed to assist individuals pursuing post-secondary education, including college, university, or vocational training, beyond the high school level.

### APPLICANT AND SUPPORTING DOCUMENTATION CHECKLIST (check as completed)

<input type="checkbox"/>	<u>Proof of Enrollment with the Santo Domingo Pueblo Tribe</u> (In absence of residency, applicants <b>must</b> demonstrate close cultural ties with the community)
<input type="checkbox"/>	<u>Official Transcripts from the last school attended</u> (High school, vocational school, or college)
<input type="checkbox"/>	<u>Proof of Acceptance/Enrollment</u> (Acceptance letters, schedule of classes, and/or additional verification)
<input type="checkbox"/>	<u>Completed Questionnaire</u>
<input type="checkbox"/>	<u>Two (2) Letters of Recommendation</u> (From former or current teachers, counselors, employers, etc.)
<input type="checkbox"/>	<u>A completed KPHC Educational Award/Scholarship Application</u> (Attached completed )
<input type="checkbox"/>	<u>Updated Resume</u> (Attached completed )

### ANNUAL PROGRAM DEADLINES

Submission of Application & Supporting Documentation	<b>7/3/2025</b>
Applicant Evaluation and Notification of Awardees	<b>30-60 days</b>

### APPLICANT INFORMATION

<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	





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## ACADEMIC AND PROGRAM INFORMATION

### SECTION I – High School (type "N/A" for any question not applicable to you)

Last High School Attended (Name and Location)

Date of Graduation or Last Attendance

Cumulative Grade Point Average (GPA)

ACT/SAT Examination Score(s)

### SECTION II – College or University (type "N/A" for any question not applicable to you)

Current Year of Study (check the corresponding line)

\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate Student

Current College or University (Name and Location)

Cumulative Grade Point Average (GPA)

Major/Minor

### SECTION III – Vocational, Certification, or Licensure Program (type "N/A" for any question not applicable to you)

Program/Organization (Name and Location)

Type of Certification or Licensure

Anticipated Date of Program Completion

If Complete, List Certification/License #

## QUESTIONNAIRE

(Required 250 character per question)

What are your career goals?

What inspired your career choice?

How is your career choice going to contribute back to your community?





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## INVOLVEMENT, ACHIEVEMENTS, ACTIVITIES, MEMBERSHIPS

List in order of importance to you those opportunities you have had for community involvement; civic, academic or professional honors or achievements; and/or scholastic, athletic, social and religious activities and memberships that have helped you develop your knowledge, skills, and abilities. If you required more space, you may attach additional pages to demonstrate and explain your experience.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

## ACKNOWLEDGEMENTS OF THE APPLICANT

In submitting my signed application, I hereby represent and confirm to the Health Board of the Kewa Pueblo Health Center (KPHC) that all information in my application submission is correct and I understand that any false information automatically disqualifies me for eligibility and further consideration for award. If I am selected for funding, I agree to immediately notify Jolene Lallo, Board Administrator if my educational program or status changes or is interrupted in any manner that may compromise the interests and intent of this program. I also agree to refund any unused funds should I withdraw from my program voluntarily. I hereby give permission to the KPHC Health Board to share notification of my selection for this award as they may deem appropriate for recruitment, reporting, and public relation efforts.

<i>Signature of Applicant</i>	<i>Date</i>
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The Selection Committee will evaluate each application for student merit based on a combination of GPA, academic and civic achievements, activities and community involvement, job experience, your application submission and other related criteria. Completed applications and supporting documents should be mailed addressed to:

**ATTN: KPHC Health Board - Board Administrator**  
**PO Box 340**  
**Santo Domingo Pueblo, NM 87052**  
**Or directly emailed to [jlallo@kp-hc.org](mailto:jlallo@kp-hc.org)**