



Public Health Scholarship

Sponsored by

The South Carolina Public Health Association

SCHOLARSHIP AMOUNT: \$750

APPLICATION DEADLINE: MARCH 31, 2009

Eligibility Criteria - A recipient of the *Public Health Scholarship* must:

- Be a student enrolled in an accredited School of Public Health.
- Have documentation of at least six (6) hours of study remaining before graduation (may include student's work on practicum, thesis or dissertation).
- Be a current member in good standing in the South Carolina Public Health Association (SCPHA) during the year in which the scholarship application is made.
- Demonstrate high academic and professional promise.
- Achieve and maintain an academic performance of 3.5 or better (based on a GPA maximum of 4 points).
- Exhibit significant commitment to the public health profession through volunteer and/or professional activity as indicated by the following:
 - Involvement in community activities;
 - Involvement in scholarly activities; and/or
 - Participation in related professional and/or student organizations.

Application Requirements:

- Applicants may apply for the scholarship themselves or be nominated by professionals in the field.
- Applications and nominations are to be mailed to the chair of the SCPHA Scholarship Committee.
- Scholarship application forms must be postmarked no later than the deadline indicated.

How to Apply:

- Complete SCPHA Public Health Scholarship Application Form (page 2).
- Write a personal statement of 250 words or less about your career goals and professional aspirations, and attach with application form.
- Include current, official school transcript with application form.
- Include proof of number of hours remaining before graduation.
- Submit application package to address given on application form (electronic submissions are not accepted).

Note: The SCPHA Scholarship Committee reserves the right to interview the top applicants if desired.

For More Information or to Request an Application, please contact:

Dennis Thompson
(843) 953-0077
thompsds@dhec.sc.gov

APPLICATION ALSO CAN BE DOWNLOADED FROM WWW.SCPHA.COM



Public Health Scholarship 2009 Application Form

SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION

INSTRUCTIONS: Type or **CLEARLY PRINT** your information and mail this form with your full application packet.
(Electronic submissions not accepted).

Name:

Complete Mailing Address: (Include street address or PO Box, City, State, and Zip Code)

Phone: (____) _____ Fax: (____) _____

Email Address:

Degree Program:

Health-related Field of Interest: _____

APPLICATION REQUIREMENTS:

1. Attach an official school transcript with application, with proof of hours remaining for graduation.
2. Write a personal statement of 250 words or less about your career goals and aspirations in a health-related field. Use a separate sheet of 8.5" x 11" paper, typed and double-spaced, and attach to application. Be sure to include your name on the separate sheet.
3. Complete the following information on this form (attach additional sheet if needed). *(continued on reverse side)*

a. Briefly describe the extent that you have been involved in health-related volunteer and/or community activities.

b. Give a list of your scholarly activities (i.e., academic awards, publications, participation in research projects).

c. Briefly describe the extent that you have been involved in health-related professional and /or student activities.

✓Final check: Application package must contain 3 documents (application form, personal statement, transcript).

SUBMIT APPLICATION PACKAGE BY Monday, March 31, 2009(must be postmarked no later than 3/31/09) TO:

Direct Mail or Overnight

SCPHA

Attn: Dennis Thompson, Scholarship Committee

C/o DHEC 4050 Bridge View Drive Suite 600

North Charleston, SC 29405