Public Health Scholarship
Sponsored by the
South Carolina Public Health Association

SCHOLARSHIP AMOUNT: $500     APPLICATION DEADLINE: APRIL 9, 2018

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); and,
 Exhibit significant commitment to the public health profession through volunteer and/or professional activity as indicated by the following:
  o Involvement in community activities;
  o Involvement in scholarly activities; and/or
  o 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 (in a sealed envelope) with application form.
 Include proof of number of hours remaining before graduation.
 Submit complete application packet 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 additional information or to request an application, please contact:

Martina Mitchell
SCPHA President-elect
(803) 260-3222
mdmingo@yahoo.com

APPLICATION ALSO CAN BE DOWNLOADED FROM WWW.SCPHA.COM
Public Health Scholarship
2018 Application Form
SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION

INSTRUCTIONS: Type or CLEARLY PRINT your information and mail this form with your full application packet.

Directions for Electronic Submissions: In order to meet the application deadline, electronic applications may be submitted, but please scan all accompanying documents (except your school transcripts) and email them with the application. DO NOT open your school transcripts!

Package all required materials and mail the completed application packet to the address at the bottom of the application.

Name: ___________________________________________________________________________________

Complete Mailing Address (Include street address and/or Post Office 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 (in a sealed envelope) with application and 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).

   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: A completed application packet must contain 3 documents (application form, personal statement, and official transcript) in order to be considered for this scholarship.

DEADLINE TO SUBMIT ALL APPLICATION PACKETS: Monday, April 9, 2018 (must be postmarked no later than 3/21/2014)

TO: Martina Mitchell, SCPHA Scholarship Committee Chair
    PO Box 11061
    Columbia, South Carolina 29211