

Tennessee Public Health Association

Application for Scholarship Award

(Please type or print clearly.)

Incomplete applications will not be considered.

Name: _____

Home Address _____

Place of Employment: _____

Phone: (Home) _____ (Office) _____ E-mail: _____

Public Health Employment History:

Current Position: _____ Date From: _____ To: _____

Responsibilities: _____

Current Position: _____ Date From: _____ To: _____

Responsibilities: _____

Current Position: _____ Date From: _____ To: _____

Responsibilities: _____

Current Position: _____ Date From: _____ To: _____

Responsibilities: _____

Professional Registrations or Licenses Held:

License or Registration	State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

Institution and Address	Degree/Diploma Earned and Field of Study	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of Scholarship requested: _____

(\$1,000 limit for degree programs, \$500 limit for certificate programs)

Would less than requested amount prevent goal attainment? _____

Have you applied for any other TPHA Scholarships this year? _____

Have you received any other TPHA Scholarships in the past? _____

Do you anticipate receiving financial assistance from other source(s)? _____

If so, how much and from whom? _____

Have you been accepted for training by an accredited education institution?

Yes No Uncertain If uncertain, when will you know? _____

What educational institution: _____

Address: _____

(Please attach a copy of program announcement or course description from college catalog.)

Type of training planned:

Degree Program Certificate Program Other (Please specify)

Number of credit hours or CEU's to be awarded: _____

Are you a member of TPHA? Yes No If yes, how long? _____

Financial reasons for requesting scholarship (be specific): _____

What contributions do you feel you have made to public health? _____

Expected achievement from training and future professional plans: _____

Please add additional information you feel is pertinent to the rating of this application: _____

Include at least one (1), but no more than three (3), letters of recommendation from someone who has knowledge of your professional development.

_____ Signature	_____ Date
_____ Supervisor	_____ Date

The Scholarship Committee shall make recommendations to the TPHA Executive Committee and the total awards will have to be within the limits of available funds.

Tennessee Public Health Association Scholarship

Letter of Agreement

Upon receipt of a Tennessee Public Health Association scholarship, I, _____, agree to continue my employment with a Public Health Agency in Tennessee for at least one (1) year upon completion of program or course work for which the money was provided.

If unable to complete this obligation, I will reimburse the Tennessee Public Health Association scholarship fund the full awarded amount within six months.

I further agree to complete the course for which the scholarship is being awarded or return the money to the Tennessee Public Health Association.

Recipient

Date

(This form must be notarized and returned to the Tennessee Public Health Association.)