

**WEST VIRGINIA PUBLIC HEALTH ASSOCIATION
APPLICATION FOR EDUCATIONAL SCHOLARSHIP**

Please Print/Type All Information

NAME: _____ **SSN:** _____

HOME ADDRESS: _____

(STREET OR PO BOX, APT #)

CITY

STATE

ZIP CODE

PHONE NUMBERS: (HOME): _____

(CELL): _____

EMAIL: _____

WHAT IS YOUR PRESENT LEVEL OF EDUCATION? (CHECK HIGHEST OBTAINED)

HIGH SCHOOL _____

SOME GRADUATE WORK _____

SOME COLLEGE WORK _____

MASTER'S DEGREE _____

ASSOCIATED DEGREE (2YEAR) _____

DOCTORIAL DEGREE _____

BACHELOR'S DEGREE (4YEAR) _____

POST-DOCTORIAL _____

OTHER, PLEASE SPECIFY _____

EDUCATIONAL PROGRAM INFORMATION

NAME OF PROGRAM

DEGREE/CERTIFICATION

NAME OF EDUCATIONAL INSTITUTION

ADDRESS (STREET OR PO BOX, APT#, OR DORM #)

CITY

STATE

ZIP CODE

- 2. **Attach a letter of approval from your Manager/Supervisor.**

- 3. **Attach proof of enrollment. (Letter from your advisor or other evidence of enrollment.)**

4. **What are your educational goals? (Check all that apply):**

- A graduate or undergraduate degree in a health related field.**
- A certificate or course directly related to improvement of my job skills.**
- Continuing education designed to enhance my professional development.**
- Other, Please specify: _____**

5. **Are you making satisfactory progress in the pursuit of this education?**

- Yes, my current grade point average is: _____**
- No, my current grade point average is _____ . Please explain: _____**

6. **Do you plan to work in a health related field in West Virginia for at least three years after completion of your educational program?**

- Yes Please specify where: _____**
- No**

7. **Describe briefly your potential contribution(s) to public health in West Virginia. (If more space is needed please use a separate sheet.)**
