

LPHA Scholarship Application Form

IDENTIFICATION INFORMATION

1. Name: _____
2. Social Security Number: _____
3. Address (present) _____
4. Address (permanent) _____
5. Telephone (present) _____ Telephone (permanent) _____

FAMILY

1. Name of Closest Living Relative: _____
2. Relationship: _____ Telephone: _____
3. Address: _____
4. Has any member of your family been a member of LPHA? _____ YES _____ NO
5. If YES, who and what relationship to you? _____
6. Are you currently a member of LPHA? _____ YES _____ NO

BIOGRAPHIC/DEMOGRAPHIC INFORMATION

1. Are you a United States citizen? _____ YES _____ NO
2. Are you a Louisiana resident? _____ YES _____ NO
3. Birth date: _____

EDUCATION

1. Degree program? _____
2. Specialization in major field of study? _____
3. Career plans (attach a detailed statement of your goals and how they relate to public health)
4. List educational background: _____
5. Present occupation: _____ Title: _____
Address: _____ Supervisor: _____ Telephone: _____
6. Honors, prizes, scholarships and fellowships: _____
7. If you have published, please attach bibliographic reference(s). _____
8. Please furnish statement regarding "need" and verification: _____
9. Please furnish letters of personal and academic references, one (1) each.
10. Please furnish official transcript. GPA: _____

Applicant's Signature: _____ Date: _____

NOTE: USE ADDITIONAL SHEETS IF NECESSARY Mail or email your application to be received by March 1st:

LPHA Scholarship Committee
7515 Jefferson Hwy., Box 161
Baton Rouge, LA 70806
Email: busmgr.lpha@yahoo.com