Arizona Public Health Association
2019 Leadership Scholarship

Established in 1929, the Arizona Public Health Association is this advocacy voice for public health in the state. The 2019 Leadership Scholarship will further AzPHA’s mission by supporting one student’s internship cost of living expenses up to $1000.

Applicants must be:

• A graduate student in public health with a secured internship; preference will be given to students interning at Federal public health agencies.
• A minimum 3.0 GPA
• Interested in working in public health in Arizona

Scholarship:

• $1000 scholarship award for living expenses incurred during the time of an internship
• The recipient will be asked to attend the Spring 2020 AzPHA conference to be awarded, and will be asked to attend the Fall 2020 conference to share what was learned via a poster presentation.
• Submit a completed application and supporting documents via email to: professionaldevelopment@azpha.org

Application deadline is February 15, 2020
Name: ___________________________ University: ___________________________
Address 1: ___________________________ Year of Graduation: ___________________________
Address 2: ___________________________ Graduate university: ___________________________
City & ZIP: ___________________________ Year of Graduation: ___________________________
Telephone: ___________________________
Your Email: ___________________________

Ethnicity: ___________________________ [ ] Male [ ] Female

I. Academics

1) Submit most recent college transcript. (Transcripts may be emailed to professionaldevelopment@azpha with your completed application.

2) List academic honors and/or awards: (Attach additional pages if necessary.)

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<tr>
<th>Activity and Year(s) of participation</th>
<th>Hours (indicate “per week” or “per month”)</th>
<th>Leadership Role / Accomplishments</th>
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II. List the following: community involvement, school activities and work experience. List leadership roles, accomplishments, hours per week or per month and extent of involvement. (Attach additional pages if necessary.)
III. **Education/Career Goals**

**College Major:**

**Educational Goals:**

**Career Goals:**

IV. **Financial Need**

Describe your financial need for this scholarship: (500 words, attach separate sheet)

V. **Essay**

Describe your passion for public health: (500 words, attach separate sheet)
VI. Provide the names and phone numbers of two references OR enclose two letters of reference. (References must be non-relatives, e.g., school counselor, teacher, manager, etc.)

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VII. Other

Is there any information you would like us to know that we have not asked you about? (500 words, attach separate sheet)


I, ____________________________, have completed this application to the best of my knowledge and fully understand that any misrepresentation of the information contained in this application may disqualify me from the scholarship. (If application is submitted electronically, e-mail record will be used in lieu of signature.)

Print Name ____________________________  Signature ____________________________