Tennessee Public Health Association

Application for Scholarship Award

(Please type or print clearly.)

Name: _____

Home Address _____

Place of Employment: _____

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

Professional Category: _____

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: _____

Would less than requested amount prevent goal attainment? _____

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

If so, how much and from whom? _____

Type of training planned: _____

_____

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

Have you been accepted for training by an accredited education institution? If applicable, 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.)

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.)