

The Texas Public Health Association
Scholarship Application
(Rev. 9/10)

SCHOLARSHIPS

Awarded to students for the purpose of providing financial aid and encouragement to attend the college of their choice for the purpose of pursuing a degree in the field of public health. The dollar amount of scholarship monies available will be announced after the Association's Spring Quarterly Meeting each year (April/May), as well as the dollar amount and number of grants to be awarded. The dollar amount granted will not exceed the amount of interest earned on the Scholarship Account in the previous year.

REQUIREMENTS

1. Applicant or immediate family member of applicant must be a TPHA member in good standing for at least one year at the time of application.
2. Scholastic record of not less than a 2.5 average on a 4.0 system. Transcript of last completed semester or high school transcript must accompany application.
3. Applicants course of study must be applicable to public health employment. Degree plan or course outline must accompany application.

JUDGING

Decision of the Scholarship Committee will be based on the following: Financial need, academic record and character. Only one scholarship will be awarded per individual. Unsuccessful applicants are encouraged to re-apply, providing they meet the criteria.

ENDORSEMENTS

The applicant must be sponsored by a member of TPHA, other than the family member. A letter from the TPHA sponsoring member is required. Letters of endorsement from at least two teachers or professors and/or school administrators in support of the application are required. Also, letters from employers, past and present should be included, as well as letters from anyone who is cognizant of the applicant's qualifications.

APPLICATION DEADLINE

Applications with ALL SUPPORTING DOCUMENTS must be received by July 10th. The recommendation of the Scholarship Committee will be made at the Summer Quarterly Meeting and announced after the decision of the Governing Council.

THE FOLLOWING MUST ACCOMPANY EACH APPLICATION

1. Complete Scholarship Application
2. Official transcript of grades, including the last grading period.
3. Letter from TPHA member.
4. Letters of endorsement.
5. Resume and/or curriculum vitae.

All applications are considered confidential and will become the property of TPHA.

Please mail completed application and required information no later than July 10th to:
Texas Public Health Association
P.O. Box 201540
Austin, Texas 78720-1540

IDENTIFYING INFORMATION

Applicant's Name:			
Home Address:		City, State	Zip
Phone	Fax	E-mail	
Date of Birth:		Name of Parents/Guardian:	
Home Address of Parents/Guardian:			
Name of TPHA Sponsoring Member (not a relative)			
Phone # of TPHA Sponsoring Member:			

If applicant is not a TPHA member, provide the name, address and phone number of immediate family member who is:

HOUSEHOLD MEMBERS:

Name	Date of Birth	Relationship	Monthly Gross Income	# Years TPHA Member

EDUCATIONAL BACKGROUND, OBJECTIVES, PLANS:

Name and address of High School		
Date of High School/College GRE Graduation:		GPA:
Degrees Currently Held:		
SAT Score:	ACT Score:	GRE Score:
College or University you plan to attend:		
Degree Being Sought		
Status of College/University Application		
Field of Study		
Reasons for selecting this field		

Describe what you have done and/or will do to finance your college education

Are you eligible or receiving a P.E.L.L. Grant?

Yes

No

Describe any unusual financial circumstances you are facing

Summarize your interest and experience in public health

Professional/employment goals after this degree plan in completed

SCHOLARSHIP ESSAY: Please state why you believe you are deserving of this scholarship and other supporting evidence that you may wish the committee to consider: