



Illinois Public Health Association Scholarship Application Form 2017-18 Academic Year

1. **APPLICANT'S NAME:** _____
Last First Initial

2. **MAILING ADDRESS:** _____
Street Apt. #

_____ City State Zip

3. **TELEPHONE NUMBER:** _____ Day _____ Evening

4. **PERMANENT MAILING ADDRESS (IF DIFFERENT THAN ABOVE):**

_____ Street Apt. Number

_____ City State Zip

5. **EMAIL ADDRESS:** _____

6. **UNITED STATES CITIZENSHIP:** _____ Yes _____ No

7. **GRADUATE SCHOOL OF ENROLLMENT:** _____
Name

_____ Street

_____ City State Zip

_____ Phone (area code and number)

8. **ANTICIPATED DATE OF GRADUATION:** _____
Month Year

_____ Major Degree

9. **NUMBER OF CREDIT HOURS IN WHICH YOU PLAN TO ENROLL:**
_____ Fall _____ Spring _____ Summer

10. **ARE YOU ON ACADEMIC PROBATION STATUS?** _____ Yes _____ No

11. **ILLINOIS RESIDENCY:**
A. Are you currently a resident of Illinois? _____ Yes _____ No _____ Number of years
B. Where did you complete your undergraduate study?
Institution _____ City _____
C. If enrolled in a state school, do or will you pay tuition? _____ Yes _____ No

12. WILL YOU ASK FOR TUITION REIMBURSEMENT FROM YOUR EMPLOYER?

____ Yes ____ No ____ Not Available

13. HAVE YOU APPLIED FOR OTHER FINANCIAL ASSISTANCE?

____ Yes ____ No

14. ARE YOU RECEIVING OTHER FINANCIAL ASSISTANCE?

____ Yes ____ No

If yes, what amount? _____

Source(s)? _____

15. OPTIONAL INFORMATION:

A. Marital Status: ____ Unmarried ____ Married ____ Separated

B. Spouse is: ____ Employed ____ Unemployed

 ____ Full-Time Student ____ Part-Time Student

C. How many immediate family members, including self, will be enrolled in college in the 2016/2017 academic year? _____

D. Are you registered to vote in Illinois? ____ Yes ____ No

INCLUDE WITH YOUR APPLICATION

1. A brief resume/curriculum vitae (1-2 pages).
2. **Official** copy of your undergraduate AND graduate transcripts, including your GPA, as well as your latest available transcript (official copies from the registrar). NOTE: If not enrolled in graduate program, then an official copy of undergraduate transcripts is acceptable. If enrolled in graduate program, you must submit both official copies of undergraduate and graduate transcripts.
3. Proof of IPHA membership, if applicable. Priority will be given to those who are current members of IPHA.
4. Two signed letters of recommendation – one from each category:
 - a. Academic (Professor or Advisor)
 - b. Practice (Employer, Co-Worker/ Friend or Relative, if unemployed)
5. A student autobiographical profile. In your own words, please provide the information requested below. Limit responses to one typed page each.
 - a. What factors most influenced your choice of public health as a career?
 - b. Describe your career goals, including the area of public health you want to pursue.
 - c. Provide a statement of financial need and describe any special circumstances affecting your financial status.

Signature of Applicant

Date

Failure to include all required information may affect acceptance of application.

COMPLETED APPLICATION MUST BE RECEIVED BY AUGUST 4, 2017 AT:

**Illinois Public Health Association
223 South Third Street
Springfield, IL 62701-1144**

Please direct any telephone inquiries to (217) 522-5687