



Illinois Public Health Association Scholarship Application Form 2019-20 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. **ILLINOIS GRADUATE SCHOOL OF ENROLLMENT:** _____
Name

_____ Street

_____ City Illinois 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 2019/2020 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. Undergraduate AND graduate transcripts, including your GPA, as well as your latest available transcript.

NOTE: If not yet enrolled in graduate program, then a copy of undergraduate transcripts is acceptable. If enrolled in graduate program, you must submit both 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 5:00 PM ON JULY 5, 2019 BY MAIL OR

EMAIL:

**Illinois Public Health Association
500 West Monroe, Suite 1E,
Springfield, IL 62704
lkepler@ipha.com**