

**Eastern District of North Carolina Public Health Association (EDNCPHA)**  
**Academic Year 2019-20 Scholarship Application**

- EDNCPHA Member *(Complete sections A and C only)*
- Child of EDNCPHA Member *(Complete sections A, B, and C)*

Application Category:     Graduate     Undergraduate     Technical

**Section A                      EDNCPHA Member Information**

Member Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone    **cell** (    )    -                      **Other** (    )    -

Email    @ \_\_\_\_\_

Is the member a paid current member of the association?                      yes    No

Was the member a paid member last year (prior to the date of this application)                      yes    No

In which North Carolina county does the member reside?                      \_\_\_\_\_

Is the member currently employed in a public health setting?                      yes    No

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Current Duties \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

Work Phone    **cell** (    )    -                      **Other** (    )    -

Work Email    @ \_\_\_\_\_

I intend to work in a public health setting/agency after completion of the education for which I am requesting this scholarship                      yes    No

I plan to work in Eastern North Carolina                      yes    No

Please list all current degree(s), Certification(s), and/or Licensure(s): \_\_\_\_\_

**Section B                      Child of an active EDNCPHA Member Information**

Child Name \_\_\_\_\_

Address \_\_\_\_\_

Phone cell ( ) - Other ( ) -

Email @

Which accredited college or university do you plan to attend? \_\_\_\_\_

Colleges to which you have applied:

_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled

Educational status for the upcoming year?  Freshman  Sophomore  Junior  Senior

What is your course of study? \_\_\_\_\_

**Section C Additional Requirements** (please complete and attach the following requirements for consideration)

Child Of Member

- Include a list of school, church, or community activities in which you have participated. Include a brief explanation these activities including offices or leadership roles held.
- Include a typed 2-page essay addressing the following:
  - A. Reasons for desiring to further your education
  - B. Future plans for employment
  - C. Why you are deserving of this scholarship
  - D. How this scholarship would benefit you
- Include an **official** academic transcript of your last school year. (please ensure this transcript has a stamped seal and/or signature.)
- Evidence of acceptance at an accredited educational institution. (A printed transcript of grades/courses from the school's website **will not** be considered proof of acceptance.)
- Enclosed proof of EDNCPHA membership for applicant's parent for year of application as well as the year prior to application date. *Receipt must be provided or documentation provided by EDNCPHA Treasurer.*
- Two Letters of Recommendation

EDNCPHA Member

- Include a typed 2-page essay addressing the following:
  - A. Reasons for desiring to further your education
  - B. Future plans for employment
  - C. Why you are deserving of this scholarship
  - D. How this scholarship would benefit you
- Enclosed proof of EDNCPHA membership for applicant for year of application as well as the year prior to application date. *Receipt must be provided or documentation provided by EDNCPHA Treasurer.*
- Two Letters of Recommendation

