

<u>Division of Public Health Global Public Health</u> Scholarship 2017 Criteria

Department of Family & Preventive Medicine University of Utah

The Global Public Health Learning Abroad Scholarship

A general scholarship to help defray educational costs for qualified undergraduate or graduate students enrolled in a learning abroad program through the Division of Public Health.

• Scholarship Qualifications: This scholarship is specifically designated to support a student in good standing enrolled in a learning abroad program through the Division of Public Health.

The Global Health Innovation Competition Fund

An endowment fund established to award an undergraduate or graduate student who has completed a learning abroad program and desires to return to the same region to implement an innovative idea in collaboration with a faculty mentor for improving health. The prize shall be used to help cover expenses incurred by each student while traveling and executing his or her idea.

• Scholarship Qualifications: This scholarship is specifically designated to support a student who is in good standing at the University of Utah. Students must be enrolled in a learning abroad program through the Division of Public Health to be eligible for award.



<u>Division of Public Health Global Public Health</u> Scholarship 2017 Application

Department of Family & Preventive Medicine University of Utah

The Division of Public Health Global Public Health Scholarships for Learning Abroad are made possible through the generous contributions of friends and alumni of the Division of Public Health.

Students interested in applying for one of the scholarships offered by the Division of Public Health must meet the requirements pertaining to the specific scholarship criteria.

Applicants can only be <u>awarded</u> one Global Public Health Sponsored Scholarship per academic year.

The amount of the scholarships is based upon a sliding scale determined by:

- 1) the expendable interest generated from the principal endowment
- 2) the number of scholarships awarded in any given year

	The Global Public Health	Learning Abroad Sc	holarship
	The Global Public Health	_	•
(Plea	ase check which scholarship/	s you are applying for)
1.	NameFirst	Middle	Last
2.	Student ID#		
3.	Local Address	Street	
	City	State	Zip
4.	Home Telephone #	Work T	elephone #
5.	Email Address		

6.	Are you a citizen of the United States? Yes \Boxedom No \Boxedom				
	Are you a permanent resident of the United States: Yes \square No \square				
	If either answer is No, please explain your citizenship status:				
7.	What Global Public Health Learning Abroad program have you applied for (must apply to be considered)?				
8.	Please list the Division of Public Health learning abroad program (year) that you previously attended for the Global Innovation Competition Fund (if applicable).				
9.	What is your present Cumulative GPA?				
10.	Indicate to what extent you <u>have</u> worked or <u>intend</u> to work to meet your expenses. How would receipt of this scholarship impact your work and enrollment plans for the next year?				
11.	List <u>ANY</u> outside tuition assistant you will receive or for which you are an applicant from any source. Include WICHE, employers, government agencies, scholarships, faculty/staff tuition reduction.				
12.	How many hours will you be working during the academic year?				

13.	List public service and community activities (include projects with community organizations, environmental protection and conservation efforts, advocacy activities, and work with religious organizations). Do not repeat items listed previously.				
	Activity	Date	Number of Weeks Actively Involved		
14.	List awards, scholarships, or special recognitions you have received. Do not repeat items listed previously.				
15.	What are the three most significant courses yo Why?	u have taken in prep	aration for your career?		
16.	If applicable, what product will you produce using paper, poster, educational brochure, service-or				

	•	or which you are applying for. (Please make sure the statement scholarship.)
I certify that the information provided on this form is true to the best o understand that scholarship committee members may review any trai may provide. I understand that if I am selected as a scholarship recip major during the scholarship term, my scholarship will be terminated.		ip committee members may review any transcript of credits that I d that if I am selected as a scholarship recipient and I change my
	DATE:	SIGNATURE:

Mail or bring this application form and all attachments to Pamela Lyon, Division of Public Health Office or email to Pamela.lyon@utah.edu

<u>by</u> 3:00 pm, February 17, 2016

<u>Please be aware that scholarships may impact financial aid. It is the student's responsibility to investigate the impact on the acceptance of a scholarship.</u>