



Kentucky Public Health Association's  
Public Health Workforce Development Scholarship  
**Application Form**

**Applicant Contact Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State Kentucky Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**University Information:**

1. Please write the name, address and phone number of the educational institution that you will be attending for the grant year.

University/College \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ College Major \_\_\_\_\_  
Cumulative College GPA \_\_\_\_\_

2. What is your current college level?
3. How many credits have you completed and are you currently taking? **Please attach copy of current school transcript.**
4. Are you a current member of KPHA?
5. Have you ever been awarded any other scholarship offered through the Kentucky Public Health Association?  
 Yes  
 No
6. Are you currently employed or have you ever been employed in a health department, public health organization, or health related government agency?  
 Yes  
 No

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_  
Full time \_\_\_ Part time \_\_\_



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7. Do you receive financial support from a parent, guardian, spouse, or any other organization?
- Yes
- No

Briefly describe any financial assistance you are receiving or will be receiving in the upcoming academic year.

8. Please supply a short summary of your future career goals.
9. Please provide a description of any public service, in which you performed. Please include year(s) and organization service was provided for.
10. Please attach 3 Letters of Support or Recommendations.

I give my permission to the Kentucky Public Health Association to obtain financial and educational information from my educational institution. I also understand that the Kentucky Public Health Association may contact any employers I have listed for verification of employment.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: APPLICATIONS WITHOUT A TRANSCRIPT AND/OR WITH UNANSWERED QUESTIONS WILL BE INELIGIBLE.**

**THANK YOU FOR APPLYING!**