

**APPLICATION FOR EDNCPHA MEMBER SCHOLARSHIP
AWARDS**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Current member of EDNCPHA: yes _____ no _____

Member year prior to this application: yes _____ no _____

Resident of County within EDNCPHA area: yes _____ county _____ no _____

Currently employed in a Public Health setting: yes _____ no _____

Place of employment: _____

Address: _____

Job Title: _____ **Professional Category** _____

Current Duties: _____

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 _____

I am applying for a scholarship in the following category (check one).

_____ Graduate _____ Technical/Associate

_____ Undergraduate _____ Degree or Certificate

Current Degree, Certification or Licensure: _____

