

**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: _____

Please submit 2 page or less, typed legible essay to the scholarship committee addressing your reasons for: a) desiring to further your education b) your future plans for employment c) why you deserve this scholarship and d) how the scholarship will benefit you. (Use additional page if necessary.)

****Please include at least two letters of recommendation from individuals who have knowledge of your professional development.**

(signature)

(date)

**MAIL TO:
Rhonda Ashby
EDNCPHA Scholarship Chair
DHHS Greenville Regional Office
P.O. Box 1109
Winterville, NC 28590**