

The Texas Public Health Association Scholarship Program Information

SCHOLARSHIPS

Awarded to students for the purpose of providing financial aid and encouragement to attend the college of their choice for the purpose of pursuing a degree in the field of public health. The dollar amount of scholarship monies available will be announced after the Association's Spring Quarterly Meeting each year (April/May), as well as the dollar amount and number of grants to be awarded. The dollar amount granted will not exceed the amount of interest earned on the Scholarship Account in the previous year.

REQUIREMENTS

1. Applicant or immediate family member of applicant must be a TPHA member in good standing for at least one year.
2. Scholastic record of not less than a 2.5 average on a 4.0 system. Transcript of last completed semester or high school transcript must accompany application.
3. Applicant's course of study must be applicable to public health employment. Degree plan or course outline must accompany application.

JUDGING

Decision of the Scholarship Committee will be based on the following: Financial need, academic record and character. Only one scholarship will be awarded per individual. Unsuccessful applicants are encouraged to re-apply, providing they meet the criteria.

ENDORSEMENTS

The applicant must be sponsored by a member of TPHA, other than the family member. A letter from the TPHA sponsoring member is required. Letters of endorsement from at least two teachers or professors and/or school administrators in support of the application are required. Also, letters from employers, past and present should be included, as well as letters from anyone who is cognizant of the applicant's qualifications.

APPLICATION DEADLINE

Applications with ALL SUPPORTING DOCUMENTS must be received by July 10th. The recommendation of the Scholarship Committee will be made at the August Quarterly Meeting and announced after the decision of the August Governing Council.

THE FOLLOWING MUST ACCOMPANY EACH APPLICATION

1. Complete Scholarship Application
2. Official transcript of grades, including the last grading period.
3. Letter from TPHA member.
4. Letters of endorsement.
5. Resume and/or curriculum vitae.

All applications are considered confidential and will become the property of TPHA.

(Rev. 6/98)

Scholarship Application

IDENTIFYING INFORMATION

- 1. Applicant
- 2. Home Address
 _____ Street or P.O. Box _____ City/State/Zip
- 3. Telephone No. () _____ Fax No. () _____
- 4. Date of Birth _____
- 5. Name of Parents or Guardian _____
- 6. Home Address of #5 _____
- 7. Name of TPHA Sponsoring Member _____ (Not a relative)
 _____ Day Phone # _____

If applicant is not a TPHA member, provide the name, address and phone number of immediate family member who is:

HOUSEHOLD MEMBERS:

	Name	Date of Birth	Relationship	Monthly Gross Income	# Yrs. TPHA Member
a.					
b.					
c.					

EDUCATIONAL BACKGROUND, OBJECTIVES, PLANS:

- 8. Name and address of High School _____
- 9. Date of High School/College/GRE Graduation _____ GPA: _____
- 10. Degrees Currently Held _____
- 11. SAT/ACT/GRE Score (Please circle one) _____
- 12. College or University you plan to attend _____
- 13. Degree Being Sought _____
- 14. Status of College/University Application _____
- 15. Field of Study _____
- 16. Reasons for selecting this field _____
- 17. Describe what you have done and/or will do to finance your college education _____
- 18. Are you eligible or receiving a P.E.L.L. Grant? Yes _____ No _____.
- 19. Describe any unusual financial circumstances you are facing _____
- 20. Summarize your interest and experience in public health _____
- 21. Professional/employment goals after this degree plan in completed _____

SCHOLARSHIP ESSAY: Please state why you believe you are deserving of this scholarship and other supporting evidence that you may wish the committee to consider:

Please mail completed application and required information no later than July 10th to:
Texas Public Health Association
P.O. Box 201540
Austin, Texas 78720-1540