

## Eligibility Criteria

### Applicants:

1. must be an Arkansas resident.
2. must be enrolled, or have plans to enroll in a field of public health.
3. must be currently classified as at least a sophomore in college, university, or approved technical college.
4. must have at least 2.5 GPA (based on a 4 point system).
5. must demonstrate financial need.

## Judging Criteria

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|---|------------|
| 1. GPA  | Max 4 pts. |
| 2. Goals in Public Health   | Max 7 pts  |
| 3. Honors, organizations, volunteer with health related organizations | Max 7 pts. |
| 4. Letter from major professor  | Max 3 pts. |
| 5. Personal reference letter  | Max 3 pts. |
| 6. Present or past public health experience                           | Max 3 pts. |
| 7. Full time student  | Max 2 pts. |
| 8. Part time student  | Max 1 pt.  |
| 9. Financial need   | Max 5 pts. |

**Deadline: March 16 of each year**

**Notification: April 1 of each year**

**Presentation: Annual APHA  
Conference**

# Arkansas Public Health Association

**\$1,000**

**Annual Scholarship  
for Arkansas Students**

in a

**Public Health Field**



# Application for APHA \$1,000 Annual Scholarship For Arkansas Residents in a Public Health Field

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

College, University, or Technical College Presently Attending: \_\_\_\_\_

Major: \_\_\_\_\_

Classification (sophomore, junior, etc.) \_\_\_\_\_

Status:  Full Time  Part Time

Attendance at Other College, University, or Technical College:

Name of Institution: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Dates Attended \_\_\_\_\_

List Honors, Organizations, Volunteer work with health-related organizations:

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The foregoing statements are accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Items to be attached to application:

1. Official college, university, or Technical College transcript(s).
2. Letter of recommendation from major professor.
3. Letter of personal reference
4. Statement/explanation of financial need
5. Explanation in 150 words or less concerning your goals in public health, your reason for wanting the scholarship, your past or present public health experience.

Application Deadline: Application must be received by March 16 of each year.

Notification: Recipient will be notified by April 1 of each year.

Mail application and all attachments to: Scholarship Chair

Arkansas Public Health Association  
P.O. Box 250327  
Little Rock, AR 72225