

## 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 a high school senior or have a high school diploma or GED.
4. must have at least 2.5 GPA (based on a 4 point system).
5. must demonstrate financial need.

## Judging Criteria

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 or high school teacher  
Max 3 pts.
5. Personal reference letter  
Max 3 pts.
6. Present or past public health experience  
Max 3 pts.
7. 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

\$500

Annual Scholarship  
for Arkansas Students  
in a  
Public Health Field



**Application for APHA \$500 Annual Scholarship  
For Arkansas Residents in a Public Health Field**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

High School, College, or University 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Items to be attached to application:

1. Official high school, college, university, or Technical College transcript(s).
2. Letter of recommendation from major professor or high school teacher.
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