



SHEA Education & Research Foundation Public Health SCHOLARSHIP APPLICATION FORM

DEADLINE FOR SUBMISSION – JANUARY 31, 2018

- This application form must be completed for EACH applicant.
- Only provide directly relevant information needed to support the application.
 - CV or resume
 - A completed form from your supervisor or state epidemiologist, outlining your qualifications, roles and responsibilities within your public health agency (see page 2 of application)
- The entire application can be scanned and sent to: foundation@shea-online.org.
- Include a digital photo in your application for display at the event. Consent for use of the photo is implied in providing your signature.

Submit via Fax or E-mail to:
SHEA/ERF Public Health Scholarship Submission
Fax: (703) 684-1009
E-mail: foundation@shea-online.org

This form applies to the following SHEA Spring 2018 Scholarship:

- **Public Health**

Name of Applicant: _____ Age: _____

Organization: _____

Address: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country _____

Phone: _____ Email: _____

1. **What is your role at the state/local public health level?**

2. **Did you submit an abstract to SHEA Spring 2018?**

3. **What do you hope to gain by attending SHEA Spring 2018?**

4. **Have you attended SHEA Spring before?** _____ **If so, what year(s)?** _____

Consent *(full consent of nominees is required for consideration)*

I, (print name) _____, hereby consent to be nominated to receive the award indicated on this form and authorize the use of my name and photograph in any publicity of the award.

Signature of Nominee: _____ Date: _____

Submit application via Fax or e-mail to:
SHEA/ERF Public Health Scholarship
Submission Fax: (703) 684-1009
E-mail: foundation@shea-online.org

DEADLINE FOR SUBMISSION FOR APPLICANT AND SUPPLEMENTAL APPLICATION OF SUPPORT: JANUARY 31, 2018

**SHEA Education & Research Foundation
Public Health
SCHOLARSHIP APPLICATION FORM, PAGE 2**

SUPPLEMENTAL APPLICATION OF SUPPORT FROM SUPERVISOR OR STATE EPIDEMIOLOGIST

SUBMIT THIS FORM WITH APPLICANT'S FORM

Supervisor/State Epidemiologist Name:

Supervisor/State Epidemiologist Title:

1. **In what capacity do you work with this scholarship applicant? How long have you known the applicant?**

2. **Is the content of the SHEA Spring Meeting aligned with the applicant's current focus of work?**

3. **Why do you think this applicant should attend SHEA Spring? How will this applicant's work be strengthened by attending the meeting?**

Signature _____ **Date** _____

Printed Name and Title _____

Phone Number _____ **Email Address** _____