



SHEA Education & Research Foundation Public Health SCHOLARSHIP APPLICATION FORM

DEADLINE FOR SUBMISSION – November 30, 2018

This application form must be completed for EACH applicant. In addition to this application, please submit to: foundation@shea-online.org:

- Current CV
- A letter from your supervisor or a colleague in the field, outlining your qualifications and research skills
- Digital photo for display at the event.

Name of Applicant: _____

Title: _____ Organization: _____

Address: _____

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

Country: _____

Phone: _____ Email: _____

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

2. Have you or do you plan to submit an abstract at SHEA Spring?

3. What do you hope to gain in attendance at SHEA Spring 2019?

4. Have you attended SHEA Spring before? _____ If so, what year? _____

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: _____