



2015-2016 NAMED SCHOLARSHIP AWARD APPLICATION

General Eligibility for Named Scholarships (some named scholarships have specific criteria in addition to these general eligibility criteria)

1. Applicant must be admitted to the UAB School of Public Health without condition (such as probation, non-degree, etc.).
2. Applicant must plan to be a full-time student in the UAB School of Public Health during the entire academic year and at the time of any award payments. Full-time status requires a minimum of nine hours per semester of coursework within the School of Public Health graduate program curriculum.
3. Applicant must have a 3.0 cumulative grade point average (based on a 4.0 scale) on all undergraduate and/or graduate work.
4. Where financial need is a specific criteria or a special consideration, preference will be given to applicants who are deserving of financial assistance as determined by the Named Scholarship Committee based on the information provided by applicants on the UAB School of Public Health Named Scholarship Award Application.
5. Applications and all required supporting documents must be received by the UAB School of Public Health Office of the Dean (address on application form) by online submittal or by mail ***before or on March 1 to be considered. No applications or supporting documents will be accepted after this deadline.***
6. Scholarship applicants will be notified of the Named Scholarship Committee's decisions on ***or before April 15th.***
7. We strongly encourage all applicants to complete the free application for Federal Student Aid through the UAB Financial Office.

Application Procedure

1. Complete in entirety the School of Public Health Named Scholarship Application.
2. Have a current or former college teacher, mentor, advisor, or employer write a letter of recommendation for you.
3. Submit your current resume or CV to the application.
4. Write an essay (no longer than one page) addressing your future career plans and how a scholarship will help you achieve your academic goals. You may also include or expand upon other information, for example but not limited to, your involvement in academic and/or extracurricular service activities. Please note that the essay will be evaluated on content, grammar and style.

Administration of Scholarships

1. Selection of scholarship recipients will be made by the School of Public Health Named Scholarship Awards Committee appointed by the Dean in accordance with these general guidelines as well as any specific criteria for each scholarship.
2. Availability and amount of these scholarships will vary from year to year.
3. Unless otherwise noted upon award, the recipient must remain a full-time student (as described above) in the School of Public Health and maintain a minimum of 3.0 GPA and otherwise be in good academic standing.
4. Scholarship awards will be first applied toward the recipient's tuition and fees for the academic year semesters.
5. Recipients are eligible to receive other forms of student financial aid for which they qualify.



NAMED SCHOLARSHIP APPLICATION

Name: _____
First Middle Last

Current Mailing Address: _____

Email Address: _____

Phone numbers: #1 _____ #2 _____

Are you a legal resident of the State of Alabama? _____ Y _____ N

Are you a U.S. Citizen or Permanent Resident of the U.S.? _____ Y _____ N

Will you be a full-time student (registered 9 or more hours) in the School? _____ Y _____ N

Will you be working full-time while a student at the School? _____ Y _____ N

If yes, does your employer provide tuition assistance? _____ Y _____ N

Will you be applying for Federal Financial Assistance? _____ Y _____ N

Race: _____

Are you a member of the Alabama Public Health Association _____ Y _____ N

Annual estimated household income (at the time of admission): _____

Number of persons being supported by this income (including yourself): _____

Please list awards and honors that you have received. _____

Please list service and leadership activities. Please note whether you were a volunteer, committee member, or leader for each activity.

Additional Information (includes work experience or any other information that you would like for us to know about you.)



NAMED SCHOLARSHIP APPLICATION COVER SHEET

NAME: _____
Please print name

Please find enclosed:

- _____ **Named Scholarship Application**
- _____ **A one-page essay**
- _____ **A resume or CV.**
- _____ **A letter of recommendation from a college teacher, mentor, advisor, or employer. (Please submit only one).**

CERTIFICATION

I hereby certify that the information provided on this scholarship application is true and that I personally composed the essay included herein. I grant permission to the UAB School of Public Health to record and/or verify any demographic and academic information required to evaluate this application for a named scholarship. I understand that my scholarship application will be reviewed by the Scholarship Selection Committee, which may be comprised of UAB employees and persons not employed by the University. I specifically consent to the release of any of my student record information, to the Scholarship Committee members, which is determined by the Committee to be necessary to the evaluation of my application.

If awarded a scholarship, I grant permission to UAB to issue press releases as it relates to informing donors and the public about the awarding of the named scholarship."

Applicant Signature

Date

Mail completed Application Packet to: UAB School of Public Health
Attn: Pheandrea D. Jackson
1665 University Boulevard
RPHB 140M
Birmingham, Alabama 35294-0022