

# ***SOCIETY FOR PUBLIC HEALTH EDUCATION***

10 G St., NE, Suite 605 Washington, DC 20002 Phone 202/408-9804 Fax 202/408-9815 Website [www.sophe.org](http://www.sophe.org)

## **VIVIAN DRENKHAHN STUDENT SCHOLARSHIP**

*Deadline for Application: August 8, 2011*

The Society for Public Health Education is accepting applications for its Vivian Drenkhahn Student Scholarship. The Purpose of this award is to provide support to both undergraduate and graduate full time students in their pursuit of a degree in health education. Each year two awards, in the amount of \$1,500.00 each, will be given to students who have demonstrated a commitment to addressing the public's health through a career in health education, and academic excellence. Applicants must also demonstrate financial need.

### **ELIGIBILITY CRITERIA AND REQUIREMENTS:**

1. Academic Requirements:
  - a. Evidence of current enrollment as a full time undergraduate or graduate student pursuing a health education degree (e.g., Health Education, Community Health Education, Public Health Education, School Health Education).
  - b. Must have completed at least one-third of coursework required for major.
  - c. Must provide a copy of the "degree requirements" for the program of study.
  - d. Must present a current, official transcript including course titles.
2. National SOPHE Membership for at least three months (visit <http://www.sophe.org> to join).
3. Letter of recommendation from a faculty mentor that describes:
  - a. the nominee's commitment to the pursuit of a degree in health education;
  - b. the nominee's academic qualifications of applicant;
  - c. the nominee's service activities related to health education.
4. Written statement from the student applicant (not to exceed two pages, double-spaced, at least 10 pt. font) addressing:
  - a. issues impacting the future of health education;
  - b. the nominee's perceived roles or desires for contributing to the resolution of these issues.
5. Student Applicant Resume
6. Demonstrated financial need as verified by the completion of the "SOPHE Vivian Drenckhahn Student Scholarship Demonstrated Financial Need Form". The form should be completed and signed by either the department chair or financial aid office and either stamped with department/institution seal or attached to official institution letterhead. This form must be mailed directly to SOPHE by the institution.

APPLICATION INSTRUCTIONS

- Application materials must be received by the SOPHE office on the due date.
- Application materials must be assembled by the applicant and delivered as a single submission (except for the *SOPHE Vivian Drenckhahn Student Scholarship Demonstrated Financial Need Form* which should be sent to SOPHE directly by the institution).

Materials may be mailed or faxed:

Society for Public Health Education (SOPHE)  
10 G Street, N.E, Suite 605  
Washington, DC 20002  
Fax: 202/408-9815  
Questions: Nicolette Warren [nwarren@sophe.org](mailto:nwarren@sophe.org)

***Awards are recommended by the SOPHE Awards Committee and approved by the Executive Committee.***

## VIVIAN DRENCKHAHN STUDENT SCHOLARSHIP

### Application Form

*Deadline: August 1, 2011*

Student's Name \_\_\_\_\_  \_\_Undergraduate  \_\_Graduate

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     )     -                      Fax (     )     -                      \_\_\_\_\_

E-mail \_\_\_\_\_

Is the applicant's hometown in a rural, urban, or suburban area? \_\_Rural \_\_Urban \_\_Suburban

*This information is being requested in honor of the scholarship's benefactor.*

Name of Academic Institution \_\_\_\_\_

Department \_\_\_\_\_

Degree Sought \_\_\_\_\_

Academic Institution Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Faculty Mentor (submitting letter) \_\_\_\_\_

Faculty Mentor's Credentials and Title \_\_\_\_\_



### APPLICATION CHECK LIST



- Application Form
- Evidence of current enrollment in an appropriate full-time academic program
- Copy of the "degree requirements" for the program of study
- Current, official transcript including course titles
- Copy of the "degree requirements" for the program of study
- Evidence of National SOPHE membership for at least 3 month
- Faculty mentor letter of recommendation (including required elements)
- Student applicant statement (including required elements)
- Student applicant resume
- SOPHE Vivian Drenckhahn Student Scholarship Demonstrated Financial Need Form

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## Vivian Drenckhahn Student Scholarship Demonstrated Financial Need Form

*Deadline: August 1, 2011*

The Society for Public Health Education (SOPHE) is proud to be able to offer two student scholarships each year of \$1,500 to undergraduate and graduate students pursuing a degree in the field of health education. As part of the criteria for this award, potential recipients must provide evidence of financial need. To this end, we are requesting that the department chair or financial aid office of the applicant's institution complete this form and either stamp with the department/institution seal or attached to official institution letterhead. *Please mail form directly to the National SOPHE office.*

**Society for Public Health Education / Awards  
10 G Street NE, Suite 605  
Washington, DC 20002**

**Student Information:**

Student's Name \_\_\_\_\_  \_\_Undergraduate  \_\_\_Graduate

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) - \_\_\_\_\_ Fax (\_\_\_\_) - \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Academic Institution \_\_\_\_\_

Department \_\_\_\_\_

Degree Sought \_\_\_\_\_

**Verification of Financial Need:**

I, \_\_\_\_\_ (*Department Chair or Financial Aid Officer*) can verify on \_\_\_\_\_ (*date*), that \_\_\_\_\_ (*student's name*) satisfies the need for financial aid as determined by this university and should be considered for the SOPHE Vivian Drenckhahn Student Scholarship which is intended for students that have a demonstrated financial need.

Department Chair or  
Financial Aid Officer \_\_\_\_\_ Title: \_\_\_\_\_  
(*Sign Here*)

Phone (\_\_\_\_) - \_\_\_\_\_ Fax (\_\_\_\_) - \_\_\_\_\_ E-Mail \_\_\_\_\_