

**Vivian Drenckhahn Student Scholarship
Demonstrated Financial Need Form**

Deadline: July 31st of each calendar year

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 Committee
750 First Street NE, Suite 910
Washington, DC 20002-4242**

Student Information:

Student's Name _____ Undergraduate Graduate

Phone () - Fax () - E-Mail _____

Name of University/College _____

Department and Program Area _____ 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 _____