

# VIVIAN DRENCKHAHN STUDENT SCHOLARSHIP

## Nomination Form

*Deadline: July 31<sup>st</sup> of each calendar year*

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 University/College \_\_\_\_\_

Department and Program Area \_\_\_\_\_ Degree sought \_\_\_\_\_

University/College Address \_\_\_\_\_

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

Faculty Advisor \_\_\_\_\_ Title \_\_\_\_\_

### NOMINATION CHECKLIST

- ✓ Nomination Form.
- ✓ An official (sealed) transcript (including course titles) and a copy of the 'program of study requirements' for health education degree.
- ✓ A letter of recommendation from an academic advisor on official institution letterhead verifying: a) the nominee's commitment to the pursuit of a degree in health education; b) the number of credits required toward a major in health education; c) the number of credits the student nominee has completed towards their health education degree.
- ✓ Written statement (not more than two pages, double-spaced, at least 10 pt. Font) addressing issues impacting the future of health education and the nominee's perceived roles or desires for contributing to the resolution of these issues.
- ✓ Resume
- ✓ Demonstrated financial need as verified by the completion of the SOPHE Vivian Drenckhahn Student Scholarship Demonstrated Financial Need Form.