



**THE UNIVERSITY OF HAWAII
SCHOOL OF PUBLIC HEALTH ALUMNI ASSOCIATION
SCHOLARSHIP OPPORTUNITY**

WHAT

- One \$1,000 scholarship award for academic year 2009-2010 (Classified PH students who are Hawaii Residents).
- Two \$500 scholarship awards for academic year 2009-2010 (Open to all classified PH students)

WHO

- All classified students in the Department of Public Health Sciences are eligible to apply for this scholarship

WHEN

- Applications must be postmarked OR received by April 24, 2009.

HOW

- Complete the attached application and return it to the address shown below.

CRITERIA (All will be subject to verification by the Office of Public Health Studies):

- Classified graduate or doctoral students in the Department of Public Health Sciences
- Enrolled for a minimum of 8 degree-related credits in the Fall 2009
- Academic achievement (GPA of 3.0 or higher, awards, scholarship)
- Current or previous work and/or community service
- Future commitment to work in the field of public health
- Proof of residency for those applying for the \$1,000 scholarship
- Commitment to assist with the planning on at least one UHSPHAA activity

NOTE: We are just as interested in your future plans and public health experience as we are in your academic performance. Scholarship recipients will be notified in mid-May.

The University of Hawai'i School of Public Health Alumni Association (UHSPHAA) is a non-profit organization dedicated to promoting public health and sound public health policy through support of the Department of Public Health Sciences, its students and graduates.

FOR FURTHER INFORMATION CONTACT:

Grace Matsuura, Scholarship Chair
email: gmatsu@lava.net



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**2009 APPLICATION
(Deadline: April 24, 2009)**

I. PERSONAL INFORMATION

Name: _____
Last First Middle

Gender: Male Female Student ID#: _____ Degree Sought: _____

Semester/Yr Admitted to DPHS: Fall Spring Year: ____ Expected Graduation Date: _____

Specialization: Epi Soc & Behav Hlth Sci Translational Research (DrPH Only)
 Health Policy and Management

Mailing Address: _____
No. & Street or P.O. Box City State Zip code

Contact Information: Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Mobile Phone: (____) _____ - _____ E-mail address: _____

II. ELIGIBILITY

A. CURRENT RESIDENCY STATUS: Hawaii Resident Nonresident

*Hawaii residents must show proof of residency

B. STUDENT STATUS: I intend to enroll for _____ credits (Minimum 8 degree-related credits required)

C. CUMULATIVE GPA: _____

III. FINANCIAL ASSISTANCE: What other forms of financial assistance are you receiving (i.e. graduate assistant tuition waiver, scholarships, stipend, student loans)?

IV. EDUCATION

College/University	Form (mm/yy)	To (mm/yy)	Major	Degree

V. COMMUNITY SERVICE

Name or Organization	Position/Description of Service	From (mm/yy)	To (mm/yy)	Hrs per week

VI. PUBLIC HEALTH WORK EXPERIENCE

Name or Organization	Position/Description of Service	From (mm/yy)	To (mm/yy)	Hrs per week

VII. ACADEMIC AND CAREER PLANS

1. Describe your current program of study with a statement:

A) Explaining why you chose this area of study.

B) Describing your career plans. What do you intend to do in the field of public health after graduation?

2. How will public health benefit as a result of your becoming a graduate of the Office of Public Health Services?

REQUIRED ATTACHMENTS: The following must be submitted with this application:

1. **Most recent semester transcript.**
2. **Copy of your CV or resume.**
3. **Proof of Hawaii residency** (Only for students applying for the \$1,000 scholarship): Provide a copy of your **Spring 2009 Summary Account Balance** available in your MyUH account. Go to the **Home** tab under **Student Records**, and click **View Charges/Make Payments**.

PLEASE SIGN AND DATE THIS APPLICATION:

Applicant Signature: _____ Date: _____

Return completed application to:
Grace Matsuura, Scholarship Committee Chair
c/o OGSAS
Attention: Angela Sy, DrPH, SPHAA President
Department of Public Health Sciences
1960 East West Road, Biomed D204
Honolulu, Hawaii 96822
Or
gmatsu@lava.net

IMPORTANT NOTICE:

1. All applications must be signed. If you are emailing your application, please be sure to include your electronic signature.
2. Applications must be postmarked, hand delivered to OGSAS, or emailed to Ms. Matsuura by **Friday, April 24, 2009**.
3. If your application is selected, be prepared to offer proof of full-time status if requested.