



ALASKA NATIVE  
**EPIDEMIOLOGY**  
CENTER

# MPH Scholarship Application

The Alaska Native Epidemiology Center (EpiCenter) is awarding scholarships for students to take a course at the University of Alaska, Anchorage (UAA) Master's in Public Health Program for the 2011 summer semester. The selected scholarship recipients will receive funding for tuition, fees, and course materials.

To be eligible, the applicant must submit: 1) a completed application form; 2) a personal statement and; 3) a letter or email of support from their supervisor or advisor. Additionally, the applicant must be an Alaska Native or American Indian, a permanent resident of Alaska, and a student or professional seeking to gain more knowledge or skills in public health.

Please turn in completed applications **before 5:00 pm on Friday, May 6th, 2010**. Applications may be submitted electronically via email at: [anepicenter@anthc.org](mailto:anepicenter@anthc.org), or by fax at: (907) 729-4569. For questions, use the contact information below.

## 1) Personal Information:

Name (as appears on ID):		
Position Title:		
Home Address:		
Organization/School:		
Work Email:		
Work Phone:	Mobile:	Fax:

## Student/Professional Status:

Applicant Status (choose from the drop list):	Degree(s) held:
Registered UAA Student:	Other:

## Course Information:

Name of desired MPH summer 2010 course:
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## Alaska Native or American Indian:

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Tribe:
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## Alaska Resident Status:

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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## 2) Personal Statement:

Briefly explain your interest in public health, your interest in the selected course, and how it may help you in your work or career path (attach extra sheets as needed).

## 3) Email or letter of support:

Please submit a brief email or a letter of support from your direct supervisor, or if you are a student, your academic advisor stating their support for you attending this coursework.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Staff Only:

Date Received:
Approval:
Comments: