

# LPHA Scholarship Application Form

## **IDENTIFICATION INFORMATION**

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Address (present): \_\_\_\_\_
4. Address (permanent): \_\_\_\_\_
5. Telephone (present): \_\_\_\_\_ Telephone (permanent): \_\_\_\_\_

## **FAMILY**

1. Name of Closest Living Relative: \_\_\_\_\_
2. Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Has any member of your family been a member of LPHA? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. If YES, who and what relationship to you? \_\_\_\_\_
6. Are you currently a member of LPHA? YES NO

## **BIOGRAPHIC/DEMOGRAPHIC INFORMATION**

1. Are you a United States citizen? YES NO
2. Are you a Louisiana resident? YES NO
3. Birth date: \_\_\_\_\_

## **EDUCATION**

1. Degree program? \_\_\_\_\_
2. Specialization in major field of study? \_\_\_\_\_
3. Career plans (attach a detailed statement of your goals and how they relate to public health)
4. List educational background: \_\_\_\_\_
5. Present occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_
6. Honors, prizes, scholarships and fellowships: \_\_\_\_\_
7. If you have published, please attach bibliographic reference(s). \_\_\_\_\_
8. Please furnish statement regarding "need" and verification. \_\_\_\_\_
9. Please furnish letters of personal and academic references, one (1) each.
10. Please furnish an official transcript. GPA: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: USE ADDITIONAL SHEETS IF NECESSARY** Mail or FAX your application by February 1, 2011. to:

Dr. Stephen J. Martin  
3101 West Napoleon Ave.  
Metairie, LA 70001  
FAX Number (504) 219-4670