



New Maternal and Child Health (MCH) Student Scholarship
 APPLICATION FORM

I. Contact Information

Full Name:	
Panther ID:	
Address:	
City, State, Zip Code:	
Phone:	
Email:	

II. Your MPH admission year and semester

Year:		Semester:	
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III. Funding for this scholarship comes from a federal grant and recipients must be either a U.S. Citizen or Permanent Resident. (Please X only one option.)

Yes, I am a U.S. Citizen	<input type="checkbox"/>	Yes, I am a U.S. Permanent Resident (and have a valid USCIS Form I-551)	<input type="checkbox"/>	No, I am neither a U.S. Citizen nor Permanent Resident	<input type="checkbox"/>
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IV. Do you plan to enroll in the MPH program on a full-time or part-time basis? (Please X only one option.)

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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V. Along with this completed application form, please submit:

- A one- or two-page **personal statement** in MS Word addressing the questions below (a maximum of 150 words per question).
 1. What is your academic, practice, or personal experience related to MCH (including but not limited to child health, maternal/infant health, women's health, sexual health, family/community health)?
 2. What do you hope to learn by completing the MPH in Maternal and Child Health?
 3. How will the \$1,000 educational scholarship assist you in achieving your personal and professional goals in public health?
- A current resume or CV outlining academic, leadership, extracurricular, community, and/or work involvement.

All completed materials must be sent in one email to: Dr. M. Claudia Pinzón-Iregui (mpinzoni@fiu.edu).

VI. APPLICANT SIGNATURE

My typed name below indicates I have honestly answered the questions and agree to the expectations of (MCH) First Year Graduate Student Scholarship.

Applicant's Typed Signature:		Date:	
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