Please return completed form and all application materials to:
Diamond Collier
Rural South Public Health Training Center
University of Florida - College of Public Health and Health Professions
Room 4181
P.O. Box 100175
Gainesville, FL 32610

Please submit the following application materials to be considered for scholarship:
- Completed scholarship application form
- 1 official undergraduate transcript
- Personal statement
- Completed University of Florida non-degree application:
  [http://cals.ufl.edu/current_students/documents/nondegreeapp.pdf](http://cals.ufl.edu/current_students/documents/nondegreeapp.pdf)

Applicant Information:

Name: _______________________________________________

Address: ____________________________________________________________________________

City: ___________________________ State: _______ Zip: __________________

Phone: _______ - _______ - _______ E-mail: _________________________________

Gender: □ Male / □ Female

Your voluntary response is requested for federal reporting. This information will not be considered in the scholarship decision. (Please check one of each)

What is your ethnicity?

□ Hispanic or Latino

□ Not Hispanic or Latino

Which of the following best describes your race?

□ American Indian/Alaska Native □ Hawaiian/Pacific Islander

□ Asian (not underrepresented) □ White

□ Asian (underrepresented) □ Unknown

□ Black/African American □ More than One Race
What is your age range?

☐ Under 20
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70 years or older

**Employer Information:**

Employer Name: ____________________________________________

Address:  

City:  _______________________________________ State: ____ Zip: ____________

Phone: ____-____-_____ E-mail: ____________________________

**Job Title:**

______________________________________________________________________________

**Job Duties:**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

In your job, do you serve rural medically underserved communities in Florida:  ____ yes  ____ no
Course Information:
For the list of courses: [https://phhp-ruralsouthphtc.sites.medinfo.ufl.edu/certificate-program/]
-Please list the name of the course you wish to enroll in. The scholarship will cover up to 1 course per semester.

Question:
1. In what ways do you think you will apply the information covered in this course in your current job?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Benefit Amount
The scholarship provides a full waiver for up to one graduate course per semester through the Rural South Public Health Training Center. The waiver includes registration fees, tuition and course materials. If you are awarded a scholarship, eligibility to receive future scholarships is based on successful completion (i.e. a grade of a C or better and an overall GPA of 3.0 or better) of the course for which you received the award.

Eligibility
To be eligible for this scholarship, you must meet the following criteria:
- Currently work in the field of public health
- Serve rural medically underserved communities in Florida
- Must have a US-equivalent bachelor’s degree

Enrollment
Applicants should visit the Rural South Public Health Training Center website to learn how to enroll for graduate level courses: (ruralsouthphtc@phhp.ufl.edu)

Contact Information
Questions about eligibility and enrollment can be addressed through:
- Email Address: RSPHTC@phhp.ufl.edu
- Telephone: 352-273-9588

Applicant Affirmation:
I affirm that all information submitted as a part of, and in support of, this application is complete and correct.
- I also understand and there may be tax implications.

SIGNATURE: ______________________________________________________________________

DATE: ___________ / ___________ / ___________