



**I. Contact Information**

Full Name:	
Panther ID:	
Address:	
Phone:	
Email:	

**II. Your MPH admission year and semester**

Year:		Semester:	
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**III. Year and semester (Fall or Spring) you can start your fellowship.**

Year		Semester:	
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**IV. 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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**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 youth and family development (including but not limited to student success, school improvement, child/adolescent health, positive youth development, family involvement, community health promotion, active living lifestyles, nutrition and dietetics)?
  2. What do you hope to learn by participating in the Health Effect Fellowship for Public Health Promotion?
  3. How will the \$5,000 educational scholarship (\$2,500 fall/\$2,500 spring) 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. Maria Claudia Pinzon** ([mpinzoni@fiu.edu](mailto:mpinzoni@fiu.edu)).

**VI. APPLICANT SIGNATURE**

My typed name below indicates I have honestly answered the questions and agree to the expectations of The Health Effect Fellowship for Public Health Promotion.

Applicant's Typed Signature:		Date:	
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