

**APPLICATION FOR THE NCPHA WOMEN'S AND CHILDREN'S HEALTH SECTION  
SCHOLARSHIP IN MEMORY OF DR. ANN WOLFE**

Please type the information then print the application for submission.

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ Professional Discipline: \_\_\_\_\_

Current job title and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Highest Degree earned \_\_\_\_\_ Licensure/Certification: \_\_\_\_\_

Type of training planned: \_\_\_\_\_

\_\_\_\_\_

Expected goals in the field of public health.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am attending \_\_\_\_\_ Plan to attend \_\_\_\_\_  
(Name of Course)

Date(s) of enrollment: \_\_\_\_\_ Expected date of completion: \_\_\_\_\_

Reviewed: 6/08

Please explain why you are requesting financial assistance.

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What additional financial aid will be utilized?

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What other NCPHA (including Section) scholarships have been applied for within the two years:

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It is my intent to work in a North Carolina public health agency following the completion of the education for which I am requesting this scholarship  Yes  No

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Signature

Date

**→ Along with this application, submit a letter of recommendation from your Health Director or Nursing Supervisor to verify your public health work and confirmation of acceptance into the advanced clinical practice course or need to meet continuing education requirements.**

**APPLICATION DEADLINE: \_\_\_\_\_**

**Mail application to: NCPHA/WCH Scholarship Committee**

Reviewed: 6/08