



NCFH

National Center for Farmworker Health, Inc.

2009 SCHOLARSHIP APPLICATION INSTRUCTION CHECKLIST

The Migrant Health Scholarship is open to all applicants interested in pursuing or continuing their career in the migrant health field and employees at a Community/Migrant Health Center. While we encourage individuals with a farmworker background to apply, it is not a requirement.

INSTRUCTION CHECKLIST: Complete and mail all items together. *Note: Letter of Reference may be mailed separately by the person writing the letter.*

- _____ Please type or print the application, using complete names.

- _____ Complete every entry, if it does not apply to you, put *N/A* in the space. If you need more space for any entry, continue on a separate blank sheet of paper.

- _____ Signature of Applicant, Health Center CEO or Approved Designee **AND** Immediate Supervisor are required for your application to be considered by the committee.

- _____ Confirm that my Health Center CEO has been informed and supports my application.

- _____ Enclose a **current** résumé.

- _____ Prepare a one-page typewritten **Personal Statement** explaining why you chose to work in the migrant health field, personal experiences and achievements, future career goals, your level of commitment to migrant health, and your financial need.

- _____ Obtain and send or have sent to our address a **Letter of Reference** by an individual such as your employer, supervisor, or migrant health mentor, reflecting their perspective on your contributions to migrant health, and their confidence in you completing your goals.

- _____ Submit your application postmarked no later than **March 20, 2009**. Mail application to **Migrant Health Scholarship, c/o NCFH, 1770 FM 967, Buda, Texas 78610**. Applications may also be faxed to (512) 312-2600.

No applications will be accepted after March 20, 2009.

**National Center for Farmworker Health
Migrant Health Scholarship Application 2009**



PERSONAL

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: () _____ E-mail : _____

Languages spoken fluently: _____

Languages written fluently: _____

Are **YOU** currently working as a migrant or seasonal farmworker? Yes No (circle one)

Have you or any member of your family been a migrant or seasonal farmworker in the past?
Yes No (circle one)

Please indicate the total number of years you have worked as a migrant or seasonal farmworker: _____

WORK EXPERIENCE

Current Employer: _____

Total length of time employed with this employer: _____

Position: _____

Street Address: _____

City, State, Zip: _____

Phone: () _____ E-mail: _____

Immediate Supervisor's Name & Title: _____

Responsibilities in current position: _____

Please describe any previous migrant health experience (provide employer name, title and responsibilities), as well as the number of years served in the migrant health field: _____

EDUCATIONAL INFORMATION

High School: _____

High School Graduation: DIPLOMA GED (circle one)

College/University	Degree	Major
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Undergraduate: _____

Graduate: _____

Technical/Trade: _____

Other: _____

EDUCATIONAL GOALS

_____ Please check here if you are **currently** enrolled in a college/university or technical program.

_____ Please check here if you are **planning** to enroll in a college/university or technical program.

Please provide the name of the educational institution currently attending or where you plan to attend, the degree program, anticipated date of completion or graduation, and anticipated degree or certification you will earn on the lines below.



Please attach a one-page *Personal Statement* discussing such issues as to why you chose to work in the migrant health field, personal experiences and achievements, future career goals, your level of commitment to migrant health, and your financial need. **Please do not forget to also submit your Letter of Reference.

Signature of Applicant

Signature of Immediate Supervisor

Signature of Health Center CEO or Approved Designee & Title

DATE RECEIVED BY NCFH: _____