



NCFH

National Center for Farmworker Health, Inc.

2019 BOBBI RYDER MIGRANT HEALTH CHAMPION AWARD INSTRUCTION CHECKLIST

The NCFH Bobbi Ryder Migrant Health Champion Award is open to all employees and board members of a Community or Migrant Health Center interested in pursuing or continuing their career in community health and dedicated to improving access to care to the agricultural worker population. While we encourage individuals who have worked in agriculture 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.*

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

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

- _____ Prepare a one-page typewritten **Personal Statement** explaining why you choose to work in the community, personal experiences and achievements, goals, your level of commitment to the agricultural worker community. And how your current educational pursuits enhance your work and or career.

- _____ Include (or send separately) a **Letter of Reference** from an individual such as your employer, supervisor, health center mentor, or coworker, reflecting their perspective on your contributions to improving access to care to the agricultural worker community, and their confidence in you completing your goals.

- _____ Enclose a **current** résumé.

- _____ Submit your application postmarked no later than April 5, 2019. Mail application to **NCFH 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 April 5, 2019.



**National Center for Farmworker Health
Bobbi Ryder Migrant Health Champion Award
Application 2019**

PERSONAL

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: () _____ E-mail : _____

Languages spoken fluently: _____

Languages written fluently: _____

Are **YOU** currently working as an agricultural worker? Yes No (circle one)

Have you or any member of your family worked in agriculture in the past?
Yes No (circle one)

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 community health center experience (provide employer name, title and responsibilities), as well as the number of years served in the agricultural worker community:

EDUCATIONAL INFORMATION

High School: _____

High School Graduation: DIPLOMA GED (circle one)

List education you have **COMPLETED**

College/University	Degree	Major
--------------------	--------	-------

Undergraduate: _____

Graduate: _____

Technical/Trade: _____

Other: _____

EDUCATIONAL GOALS

Scholarship Funds Will Be Used to Support:

____ Degree Program (BA, MA, PhD) ____ Associates Degree Program

____ Technical/Certificate Program ____ Educational Opportunity

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

Check here if you've ever received an NCFH Scholarship Award in the past.

Yes

No



Please attach a one-page *Personal Statement* discussing such issues as to why you choose to work in community health, personal experiences and achievements, goals, your level of commitment to the agricultural worker community, and how will your current educational pursuits enhance your work and or career.

****Please do not forget to also submit your Letter of Reference.**

Required:

Signature of Applicant

Signature of Immediate Supervisor

And:

Signature of Health Center CEO

DATE RECEIVED BY NCFH: _____