



# NCFH

National Center for Farmworker Health, Inc.

## 2024 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 email, fax, or mail all items together.

*Note: Letter of Reference may be emailed or 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 print LEGIBLY on the application, using complete names.

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

Submit a one-page **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.

Submit (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.

Submit a **current** résumé.

Submit your application by email, fax, or mail, postmarked by **March 29, 2024**.

Mail application to **NCFH Scholarship, c/o NCFH, 1770 FM 967, Buda, Texas 78610**.

Applications may be faxed to (512) 312-2600.

Applications can be emailed to [brown@ncfh.org](mailto:brown@ncfh.org)

**No applications will be accepted after March 29, 2024.**



**National Center for Farmworker Health  
Bobbi Ryder Migrant Health Champion  
Award Application 2024**

**PERSONAL**

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Area Code, Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

Languages written fluently: \_\_\_\_\_

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

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

**WORK EXPERIENCE**

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Current Employer: \_\_\_\_\_

Total length of time employed with this employer: \_\_\_\_\_

Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Area Code, 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                     (select one)

List education you have **COMPLETED**

College/University	Degree	Major
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Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

Technical/Trade: \_\_\_\_\_

Other: \_\_\_\_\_

## EDUCATIONAL GOALS

**Scholarship Funds Will Be Used to Support: Select one**

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 have 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**

**And:**

\_\_\_\_\_  
**Signature of Immediate Supervisor**

DATE RECEIVED BY NCFH: \_\_\_\_\_