



Student Leaders in Public Health Application Preview

***Application must be completed online. Online application for 2020-21 academic year will be released in spring of 2020.**

1. *Student Name*
2. *Student Email Address*
3. *Student Phone Number*
4. *Are you a U.S. Citizen, Non-Citizen U.S. National or Foreign National possessing a visa permitting permanent residence in the U.S.? Yes or No*
5. *In what state are you enrolled in a university/college/higher education program?*
6. *Degree Type*
7. *GPA*
8. *Anticipated graduation date*
9. *Do you intend to work in the field of public health after graduating from your current program?*
10. *Select your Enrollment Status: Full or Part Time*
11. *Select your Sex/Gender (options dictated by funder)*
12. *Birth Year*
13. *Age of Student*
14. *Ethnicity*
15. *Race*
16. *Are you from a rural residential background?*
17. *Are you from a disadvantaged background? Disadvantaged background refers to a citizen, national, or a lawful permanent resident of the United States, the Commonwealths of Puerto Rico or the Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands, or the Federated State of Micronesia who: 1. Comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged); AND/OR 2. Comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged). The Secretary defines a "low income family" for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals.*
18. *Select your Veteran Status*
19. *Select your Academic Year*
20. *Host Site Name*
21. *City*
22. *State*
23. *Zip code + 4-digit extension*
24. *Type of site: (Academic Institution, Community Based, Community Mental Health, Dental Services, Tribal Organization) a drop down menu is provided*

25. *Is your host site also your current employer? Yes or No*
26. *Will you receive course credit for this placement? Yes or No*
27. *Type of Setting (a drop down menu is provided)*
28. *If available, provide the zip codes of the areas where your work will be impactful. (For example, if the work you are doing is impacting a different zip code(s) than the one where you are physically located. State Health Department vs a rural community where you are collecting data)*
29. *Which Partners/Consortia will you collaborate with for this project? Select all that apply.(a drop down menu is provided)*
30. *Anticipated Project start and end dates*
31. *Will work take place in a secondary location as well?*
32. *Secondary Site Name*
33. *Type of Site (drop down menu)*
34. *Type of Setting (drop down menu)*
35. *City*
36. *State*
37. *Zip + 4-digit extension*
38. *My project qualifies as: Field Placement or Faculty Student Collaboration*
39. *Mentor Name*
40. *Department*
41. *Email*
42. *Phone*
43. *Project/Field Placement Title*
44. *Target Population*
45. *Describe the problem/need and the activities you will participate in during your field placement (not to exceed 500 words). A final learning plan including activities, learning objectives and assessment will be required if student is selected for the program.*
46. *How do you intend to utilize the funding you are provided? (\$3,500).*
47. *Personal Statement: Provide a brief description of why this financial support will further your personal, academic and career goals.*

Questions? Contact **Olivia Jolly, MPH, Practice-Based Learning Manager** at Olivia.Jolly@CUAnschutz.edu