

Scholarship Application

1. Complete scholarship application, providing all required personal information and responses to the 3 questions.
2. When application is complete, click on File > Save As> Add your last name and first initial to the file name and click save.
3. Email the completed application to LLittle@umd.edu by COB March 24, 2017. Please put 2017 NHOC Scholarship Application in the subject line. Don't forget to attach the completed application to the email.

Applicant Name: _____

Organization: _____

Address: _____

Phone number: _____

Email: _____

Have you attended the National Health Outreach Conference (NHOC) before? No Yes, What Year?

Will you be a presenter? If yes, the title of your presentation. No Yes

Select a type of scholarship First time professional/student Community Partner
All scholarships are in the amount of \$400 to cover early bird registration fee

Have you registered for the conference? No Yes - registration code

Why I need the Scholarship (limit 100 words or less).

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Applicant name: _____

What I hope to gain from attending the 2017 National Health Outreach Conference (limit 200 words or less).

How attending the 2017 National Health Outreach Conference will help advance or strengthen my work in health outreach to benefit the community (limit 200 words or less).

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