****

**Public Health Student Stipend – Application Form**

[ ] Fall \_\_\_\_\_\_\_ [ ] Spring \_\_\_\_\_\_\_ [ ] Other (Please specify)\_\_\_\_\_\_\_

[ ] Full Time [ ] Part Time [ ] Other (Please specify)\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Male [ ] Female

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate/Professional Institution: **University of Montana**

Location: **Missoula, Montana**

Degree Program: **School of Public and Community Health Sciences, Master of Public Health**

Current Year in Program (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated graduation date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional: List the most recent professional related-student activities. Include professional activities/experiences (i.e. conferences, workshops, committee, etc.) leadership positions and participation dates.

Academic Honors and Awards: List any research, scholarships, awards, honors, and dates.

Professional Organizations/Memberships.

Preference will be given to students working in rural and frontier areas? Will your project meet this criteria? [ ] Yes [ ] No

Preference will be given to students working to support tribal health on the reservation and/or urban Indian Health setting. Will your project meet this criteria? [ ] Yes [ ] No

Field Placement Site:

City and State:

Will you receive credit for this field placement opportunity? [ ] Yes [ ] No

Are you being paid by another source for this opportunity? [ ] Yes [ ] No

What organizations will be involved in supporting the field placement or collaborative project? List any organizations and whether or not they have agreed to assist with the placement/project.

**Informative Summary (250 word maximum**)

Please describe your proposed project (field place, partnership, collaborative project) and state why this stipend will help you. Please identify the timeline for the field placement/project.

**\*Complete Application Materials As Soon As Possible**

**Applications should be sent to: jordan.brown1@montana.edu**