**2020 NC SOPHE Annual Scholarship****s**

**Undergraduate & Emily T. Tyler Graduate Scholarship Application Guidelines**

The NC SOPHE Annual Scholarship Award and the Emily T. Tyler Academic Scholarship Awards are one-year scholarships in the amount of $500.00 for a NC SOPHE member who is actively enrolled in a health education ***undergraduate or graduate degree program*** (or related field). Determination will be based upon the eligibility criteria, selection criteria, and a complete application package.

1. **Eligibility Criteria**: To be eligible for the award, an individual must be:
   1. A CURRENT, dues-paying member of NC SOPHE as of the date of application.
   2. Pursuing an academic degree in health education or a closely related field at the ***baccalaureate, master’s or doctoral level*** during the 2020-2021 academic year.
   3. Actively involved in the practice of health education or participating in academic health education activities, projects and/or research (performing health education activities at a professional level of competence).
2. **Selection Criteria**: Criteria for selection are as follows:
   1. Show promise of making a significant contribution to the professional practice of health education in North Carolina.
   2. Has been involved in health education activities over the past three years (if appropriate, school transcripts may be requested).
   3. Preference will be given to the applicant who:
      1. Has not received the award previously.
      2. Is attending a North Carolina college or university.
      3. Is enrolled in a health education program.
      4. Has been actively involved in the delivery of health education services.
3. **Application Package**: To be considered for the award, applicants must:
   1. Application Form: Complete and submit the application form to [northcarolinasopheawards@gmail.com](mailto:northcarolinasopheawards@gmail.com).
   2. Obtain Three Recommendations: The recommendations should be from individuals familiar with the professional and/or academic skills and abilities of the applicant. Each person providing a reference should fill out the “Recommendation Form” found in the application packet and email it to [northcarolinasopheawards@gmail.com](mailto:northcarolinasopheawards@gmail.com) or submit the recommendation form online at <https://tinyurl.com/2020SCHOLARSHIPRECOMMENDATION>. **Recommendation forms must be submitted by the person making the recommendation. Recommendations will NOT be accepted if submitted by the applicant.**

One recommendation must be from a current member of NC SOPHE.

1. One recommendation must be from a current member of NC SOPHE.
2. One recommendation must be from a professional supervisor or, if the applicant is a student, from a department chair of the school in which the applicant is currently enrolled. The recommendation from the department chair must include a statement that the applicant has been accepted into a degree program and is currently working towards a degree.
3. One recommendation must be from a co-worker, professor or community member who has worked with the applicant on a health education project.
   1. Deadline: The completed application packet, including recommendations, must be received by **August 28, 2020 at 5:00 pm.**
4. **Notification of Scholarship Recipient**: A letter will be sent to the scholarship winner and a check for $500.00 will be presented during the Awards Luncheon at the NC SOPHE 2020 Annual Meeting on November 5-6, 2020 at East Carolina University in Greenville, NC. The scholarship recipient is encouraged to attend the meeting but it is not required; if unable to attend, the check will be mailed to the address provided in the application.

For questions or additional information, please contact the Awards Committee at [northcarolinasopheawards@gmail.com](mailto:northcarolinasopheawards@gmail.com).



# 2020 Scholarship Recommendation Form

|  |  |
| --- | --- |
| **Information** |  |
| Scholarship Applicant’s Full Name |  |
| Name of Person Providing Reference |  |
| Reference Email |  |
| Reference Organization |  |
| How do you know the applicant, and for how long have you known the applicant? |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please evaluate the applicant on the following:** | **Not Sure** | **Poor** | **Below Avg.** | **Average** | **Above Avg.** | **Excellent** |
| **Ability to work well with professional workers, lay groups, and the public** |  |  |  |  |  |  |
| **Acceptance of Responsibility** |  |  |  |  |  |  |
| **Good judgement in making decisions** |  |  |  |  |  |  |
| **Creative thinking** |  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |  |
| **Competence in performing health education activities** |  |  |  |  |  |  |
| **Ability to communicate orally** |  |  |  |  |  |  |
| **Ability to communicate in writing** |  |  |  |  |  |  |
| **Enthusiasm for the health education profession** |  |  |  |  |  |  |

|  |
| --- |
| **How involved has the applicant been in health education practice over the past three years? Please be specific about the applicant’s roles and responsibilities in relation to the projects described.** |
|  |
| **Describe the evaluation results or outcomes that resulted from the projects described in the previous question.** |
|  |
| **Describe why this applicant is deserving of this award.** |
|  |
| **Describe the applicant’s significant contributions to the professional practice of health education in North Carolina.** |
|  |
| **Additional Comments.** |
|  |