**The Oregon Public Health Association**

Health Education & Promotion Section

*Scholarship Program*

The Oregon Public Health Association (OPHA) Health Education & Promotion (HEP) Section Scholarship Program provides opportunities for public health professionals and students to participate in professional and leadership development activities. This scholarship is usually only available for HEP Section Members, however, members and non-members are eligible to receive reimbursement for attending Capitol Visit Day 2017.

**The maximum award available will be $100 per awardee. Up to ten scholarships will be awarded.** Recipients must provide proof of payment. Scholarships funds will be provided as reimbursements within 30 days of receipt of the appropriate receipts and completed reimbursement request form.

To apply for the scholarship, please complete this form before April 3rd and email it to [lillifamily@hotmail.com](mailto:lillifamily@hotmail.com). You will be notified before the event, if you are one of ten recipients.

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| --- | --- |
| **Name:** |  |
| **email:** |  |
| **Phone:** |  |
| **Title of event/workshop/seminar/membership** |  |
| **Hosting organization for the event/workshop/seminar** |  |
| **Date of Request:** |  |
| **Are you a current member of OPHA? And the Health Education & Promotion Section?** |  |
| **Are you currently a student of public health, health promotion or health education?** | YES NO |
| **Are you currently employed or seeking employment as a public health, health education or health promotion professional?** | YES NO |

**1. How do you plan to incorporate what you will gain from this experience into your public health practice? (300 word max)**

**Awardee Requirements:**

Upon notification of scholarship approval, recipients must obtain provide proof of payment of expenses aquired during the event. After the event, they must submit a reimbursement request. In addition, awardees agree to provide a summary (500 words max) of the event/workshop/seminar., including:

1. Conference name, session title and/or presenter.
2. Synopsis of session(s).
3. Would you recommend this event/workshop/seminar to other health professionals?

**Eligible Expenses for Reimbursement:**

* Registration fees for educational meetings, seminars, workshops, conferences, or forums
* Continuing education credits (CHES, MCHES, CNE, CME, Naturopathic CE’s etc.)
* Required attendee materials (Books, etc.)
* Travel costs
* Lunch

*Please contact Sheri Lilli* [*lillifamily@hotmail.com*](mailto:lillifamily@hotmail.com) *with questions or completed applications*