Thank you for your interest in applying for the Missouri Public Health Association Education Foundation scholarships.

Established in 1995, the Education Foundation receives funds that promote a higher awareness and knowledge of public health, to educate public health professionals, community leaders, and communities about public health issues, and to honor Missouri public health leaders by awarding scholarships in their name. In addition to giving scholarships, the Foundation supports awards to public health professionals and students, as well as educational programs to promote quality public health for Missouri.

Applicants may apply an unlimited number of times for each of our scholarships providing they qualify under the established requirements and have not been a previous recipient.

Contained in this packet you'll find the following information:

- Description of each of the scholarships
- Scholarship Application Form
- Reference Forms

To qualify for consideration mail your completed application, required documents, and reference forms to Missouri Public Health Association, PO Box 126, Jefferson City MO 65102 or email them to sboeckman@mopha.org. Must be postmarked by September 1st.

We look forward to receiving your completed application. Applicants will only be notified if they have been selected to receive a scholarship. The awards are made at the annual MPHA meeting in September.

If you have questions regarding the scholarship(s), please call the MPHA office at 573-634-7977.

— MPHA Education Foundation Committee
“Health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity.”

Health, as defined above by the World Health Organization, should be the goal of every public health worker. Edna Dell Weinel believes in the team approach to public health. Working as a team we can accomplish more for the advancement of public health. Team members, to be effective, must be life long learners, continually improving their level of knowledge and understanding of the world around them.

The Weinel Scholarship provides the opportunity for practicing public health professionals to participate in this lifelong learning process. This scholarship, the value of which is dependent upon the request and need of the applicant(s), is available for public health workers to develop in their profession through educational meetings, seminars or through traditional academic course work.

Applications
Applications will be considered for seminars, continuing education meetings, professional credentialing, conventions, college classes, etc., with priority given to continuing education programs, not to exceed $750. The scholarship is awarded at the annual MPHA Meeting. Applicants may apply an unlimited number of times providing he/she qualifies under the established criteria and has not been a previous recipient.

Eligibility Criteria
- Must be a current MPHA member in good standing (dues paid).
- Applicant must have a plan for a continuing education program or be working on a degree in public health related field to enrich or further their career.
- Demonstrated need for the financial assistance the scholarship offers.
- Applicant must live or work in Missouri.

Requirements for Application
Applicant must submit the following items with the completed scholarship application:

- Confirmation of enrollment as a graduate or undergraduate student if planning to use scholarship toward degree work.
- Official transcript (s) of grades if planning to use scholarship for college/university work.
- One reference from an immediate or recent supervisor and one personal reference. (Reference forms are provided with the application)
- Applicant must submit a copy of the meeting/convention program if applying to attend a meeting.
Jackie Liesemeyer Nursing Scholarship

Jackie Liesemeyer was a Community Health Nurse who worked for more than 20 years in various positions in the Central District Office of the Missouri Department of Health. Jackie’s spirit of independence and self-reliance was reflected in her approach to her clients, individuals, program representatives and local health units. She provided the information, support and encouragement that fostered growth and the ability to do for oneself all that was possible in the spirit of community health nursing. Jackie is honored with a $750 nursing scholarship in her name that will enable others to enhance public health in Missouri. One scholarship is awarded at the MPHA Annual Meeting, usually held in the Fall.

Applications
Applicant must explain how the scholarship would be used and why they are working in the field of public health nursing. The scholarship is awarded at the annual MPHA Meeting. Applicants may apply an unlimited number of times providing he/she qualifies under the established criteria and has not been a previous recipient.

Eligibility Criteria
- Must be a registered nurse.
- Applicant must live or work in Missouri.
- Must be a current MPHA member in good standing (dues paid).
- Working on a degree in public health related field (examples include BSN, BS, BA, MSN, MPH, etc.) to enrich or further their career in either undergraduate or graduate program as outlined below:
  - Undergraduate: Applicant must already be enrolled in a college/university program and satisfactorily completed at least 15 credit hours.
  - Graduate: Applicant must already be enrolled in a college/university program and satisfactorily completed at least 6 credit hours.

Requirements for Application
Applicant must submit the following items with the completed scholarship application:

- Confirmation of enrollment as a graduate or undergraduate student in a college or university program.
- Official transcript(s) of grades.
- One reference from an immediate or recent supervisor and one personal reference. (Forms are provided with the application)
The $750 Health Professional Scholarship is available for a MPHA member who is working on an undergraduate or graduate degree in a public health related field which will further their career. Examples of fields of study include: administration, epidemiology, health education, nursing, health promotion, etc.

Applications
Applicant must explain how the scholarship will be used and state their commitment to continue to work in public health in Missouri after completing the public health related degree. The scholarship is awarded at the annual MPHA Meeting. Applicants may apply an unlimited number of times providing he/she qualifies under the established criteria and has not been a previous recipient.

Eligibility Criteria
- Must be a current MPHA member in good standing (dues paid).
- Applicant must live or work in Missouri.
- Enrollment as a degree candidate or student in a college/university program which meets the following criteria:
  - Undergraduate: Applicants must already be enrolled in a college/university program and satisfactorily completed at least 30 credit hours.
  - Graduate: Applicants must already be enrolled in a college/university program and satisfactorily completed at least 12 credit hours.

Requirements for Application
Applicant must submit the following items with the completed scholarship application:

- Confirmation of enrollment as a graduate or undergraduate student in a college or university program.
- Official transcript (s) of grades.
- At least one professional reference. (Reference forms are provided with the application)
Leuthen–Brunner Local Public Health Agency Scholarship

Leuthen–Brunner Local Public Health Agency Scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. This is a one-time grant for local public health agencies. The $750 scholarship will be awarded at the annual MPHA Meeting.

Applications
Applications will be considered for educational meetings, seminars, continuing education, specific certifications or testing, and traditional academic course work in areas of Performance, Infrastructure or Workforce Standards.

Eligibility Criteria
- Administrator or local public health agency must be a current MPHA member in good standing (dues paid).
- Applicants must indicate how seminar, continuing education, certification, test or course work will assist local public health agency towards voluntary accreditation of Missouri Institute for Community Health (MICH) or National Public Health Accreditation Board (NPHAB) through specific Performance, Infrastructure or Workforce Standards.
- Demonstrated need for the financial assistance the scholarship offers.
- Applicant must live or work in Missouri.

Requirements for Application
Applicant(s) must submit the following items by the deadline indicated in the cover letter of the application packet:

☐ Completed Scholarship Grant Application form included in the application.

☐ One reference from local board of health or county commission. Reference forms are provided in the application packet.

☐ Description of educational meeting, seminar, continuing education, specific certification, test or course work and how it falls within guidelines of MICH or NPHAB accreditation. Budget of expenses must be included.

☐ Submit a final report of how grant facilitated accreditation goals, status of accreditation process and total expense accounting to MPHA Education Foundation Board within two weeks of next annual meeting.
Scholarship Application

Scholarship for which you are applying *(check all that apply)*

- Edna Dell Weinel
- Jackie Liesemeyer
- Health Professional
- Leuthen-Brunner

Name: __________________________________________________________________________________________________________
Address: ______________________________________________________________________________________________________
City, State Zip: _________________________________________________________________________________________________
Home Phone: __________________________________________________________________________________________________
Place of Employment: ____________________________________________________________________________________________
Address: ______________________________________________________________________________________________________
City, State Zip: _________________________________________________________________________________________________
Work Phone: __________________________________________________________________________________________________
Current Position/Title: __________________________________________________________________________________________

*Person who will always know how to contact you:*
Name: __________________________________________________________________________________________________________
Address: ______________________________________________________________________________________________________
City, State Zip: _________________________________________________________________________________________________
Phone: _________________________________________________________________________________________________________

MPHA Involvement

Current MPHA Member?  ☐ Yes  ☐ No  Years of Membership ______________
Describe your involvement or participation in MPHA. Include all MPHA committees and offices you have served:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Academic Background

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<th>College/University/Other Program</th>
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Current Public Health Academic Training

Program where currently enrolled: ________________________________________________________________________________
Address: ______________________________________________________________________________________________________
City, State Zip: __________________________________________________________________________________________________
Degree Goal: ____________________________________________________________________________________________________
Number of hours completed toward degree: ____________________________________________________________________________

*(Include copy of official transcript if applying for college/university class)*
## Public Health Experience

*(Include the following information for each work experience; add additional pages if needed)*

**Employer:** __________________________________________________________________________________________

Dates of Employment: ____________________________________________________________

Position: _______________________________________________________________________________

Brief Description of Responsibilities: ______________________________________________________

________________________________________________________________________________________

**Employer:** __________________________________________________________________________________________

Dates of Employment: ____________________________________________________________

Position: _______________________________________________________________________________

Brief Description of Responsibilities: ______________________________________________________

________________________________________________________________________________________

**Employer:** __________________________________________________________________________________________

Dates of Employment: ____________________________________________________________

Position: _______________________________________________________________________________

Brief Description of Responsibilities: ______________________________________________________

________________________________________________________________________________________

## Volunteer/Community Involvement

*(Include the following information for each organization; add additional pages if needed)*

**Organization:** ______________________________________________________________________________________

Dates of Service: __________________________________________________________

Brief Description of Responsibilities: _______________________________________________

________________________________________________________________________________________

**Organization:** ______________________________________________________________________________________

Dates of Service: __________________________________________________________

Brief Description of Responsibilities: _______________________________________________

________________________________________________________________________________________

**Organization:** ______________________________________________________________________________________

Dates of Service: __________________________________________________________

Brief Description of Responsibilities: _______________________________________________

________________________________________________________________________________________
Scholarship Application

1. Describe your most gratifying and successful accomplishments (personal/professional):

2. Explain how the scholarship would help you further your public health career:

3. Explain your commitment to public health in Missouri now and your plans after completing your public health related education:

Complete only for the Edna Dell Weinel Scholarship Application
1. List the event, location, date and estimated costs of your request:

2. For continued education meetings, seminars, conferences, etc., describe specifically how the event will benefit your professional development and enhance your contribution to the public health field:

3. Describe your need for financial assistance from this scholarship (i.e. loss of financial support from your employer for education activities, limited personal resources for professional education, etc.) Include a description of other financial resources to be used in achieving your continuing education plan or degree:

Complete only for the Jackie Liesemeyer Nursing Scholarship Application
1. Explain briefly why you are working in the field of public health nursing and your plans for the future:

Complete only for the Health Professional Scholarship Application
1. Explain how the scholarship will be used and state your plans for continued work in public health in Missouri after completing your public health related degree:

Complete only for the Leuthen-Brunner Local Public Health Agency Scholarship Application
(include the following information for each organization)
1. For educational meetings, seminars, continued education, specific certifications, tests, or course work, describe specifically how this will assist your agency/agencies toward voluntary accreditation of MICH or NPHAB.

2. Describe how this falls within the guidelines for Missouri Institute for Community Health (MICH) or National Public Health Accreditation Board (NPHAB) accreditation in the specific areas of Performance, Infrastructure or Workforce Standards:

3. Provide budget of expenses:
To enrich his/her career in the public health field, the individual named below is applying for the scholarship(s) check below:

☐ Edna Dell Weinel  ☐ Jackie Liesemeyer  ☐ Health Professional  ☐ Leuthen-Brunner

This referenced form must be included for the application to be evaluated. Please complete the form and return it to MPHA, PO Box 126, Jefferson City, MO 65102 or email to sboeckman@mpha.org.

Name of Applicant: ________________________________________________________________
Address: _____________________________________________________________________
City, State Zip: __________________________________________________________________

Please respond to the following:
How long have you known the applicant? __________________________________________
How long have you supervised the applicant's work in public health? ____________________
_________________________________________________________________________________

In your opinion, what commitment and special attributes does this applicant have to enrich public health in Missouri?

Signature: ___________________________________________ Date: ________________
Name/Title: _____________________________________________________________________
Agency: _______________________________________________________________________
Phone: ______________________________
Address: _____________________________________________________________________
City, State Zip: __________________________________________________________________
To enrich his/her career in the public health field, the individual named below is applying for the scholarship(s) check below:

☐ Edna Dell Weinel  ☐ Jackie Liesemeyer  ☐ Health Professional  ☐ Leuthen-Brunner

This referenced form must be included for the individual's application to be evaluated. Please complete the form and return it to MPHA, PO Box 126, Jefferson City, MO 65102.

Name of Applicant: _______________________________________________________________________________________________
Address: _______________________________________________________________________________________________________
City, State Zip: __________________________________________________________________________________________________

Please respond to the following:
How long have you known the applicant? ______________________________________________________________________________

In your opinion, what commitment and special attributes does this applicant have to enrich public health in Missouri?

Signature: ___________________________________________________________________________________________ Date: ______________
Name/Title: _____________________________________________________________________________________________
Agency: _____________________________________________________________________________________________ Phone: __________________________
Address: __________________________________________________________________________________________________
City, State Zip: ________________________________________________________________________________________