



**UNIVERSITY OF
GEORGIA**
College of Public Health

**Blue Cross Blue Shield of Georgia Foundation
Master of Public Health Student Support Fund**

Application due date: Rolling

Award Purpose: The purpose of the BCBS MPH Fund is to provide a travel scholarship to an MPH student for the academic year. Scholarship amount is determined by the estimated cost of the travel, any relevant registration fees, and any associated matched funding that has been obtained by the student.

Award Criteria: This scholarship is open only to MPH students currently enrolled in the UGA College of Public Health. Preference will be given to students whose coursework is primarily in the College of Public Health for the academic year in which the student will be traveling. Scholarship considerations include academic success as well extracurricular activities and impact on the public health profession as demonstrated through your personal statement and a letter of recommendation. Special considerations are given to students with accepted abstracts, journals, or presentations for the conference or meeting they wish to attend, students who have received matched funds from their department or funded grant.

Instructions: Applications should be emailed to cphawards@uga.edu, as email attachments. A completed application packet should include:

- A current CV,
- A completed application (see next page),
- A personal statement,
- One letter of recommendation,
- Brief budget outlining expenses.

Please save your CV, application, personal statement, and budget in a single PDF file and save it as: "first name last name_ award" (eg: Hairy Dawg_BCBS).

Recommendation letters can be attached to your application or sent separately via email to cphawards@uga.edu. Please request that recommenders include your complete name. The sooner the full application, including reference letters, is received, the faster a decision can be made by the Office of Academic Affairs.

Note: If the recipient is a current UGA employee, there are potential tax implications.

SEE NEXT PAGE FOR APPLICATION

APPLICATION – BCBS Travel Award

Name:

ID Number (810):

Address:

Email:

MPH Concentration:

Expected Graduation:

Please describe your expected course of study during the term you expect to travel. A list of courses you expect to take is sufficient:

Provide detailed Projected Budget. include any pertinent expense that may be calculated to determine award amount, which may include, registration fee, travel mode, meals, lodging, and transportation. Details of per diem rates per state can be found on, <https://www.gsa.gov/portal/category/100120>:

Personal Statement: Please describe your academic success, extracurricular activities and impact on public health as well as how receiving this scholarship will advance your career goals and professional interests. (Limit: 500 words).