

# Scholarship Application

**Promotor(a) Intensive Training One, January 28, 2007 ♦ Sacramento, CA**

Limit 1 scholarship per health center. **Application deadline is January 5, 2007.**

Are you a *Promotor(a)*? Yes  No

If yes, for how many years? \_\_\_\_\_

Have you ever attended trainings in your role as a *Promotor(a)*? Yes  No

What is the name of the organization you work for? \_\_\_\_\_

Are you a federally-qualified migrant or community health center (receive HRSA 330g funds)? Yes  No

**\*Only *Promotores(as)* from federally-qualified migrant or community health centers will be granted scholarships\***

## Guidelines:

- Scholarships are **\$50**.
- Scholarships only cover the cost of registration, they do not include travel, lodging or meals.
- Scholarship applications are due by January 5, 2007.
- Scholarships submitted without training registration forms will not be considered.
- *Promotores(as)* who are new to the field (less than 2 years) will be given priority for scholarships.
- Scholarship recipients will be notified by January 12, 2007.
- Scholarships will be applied directly to training registration costs for recipients who **have not** already submitted payment for registration.
- Scholarship checks will be sent out *after* the conference for scholarship recipients who **have** submitted payment for registration by January 5, 2007. Please complete the "Make Check Payable to" section below.
- The late registration fee will be waived for all scholarship applicants.

## PART I. PLEASE PRINT LEGIBLY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Make Check Payable to:** \_\_\_\_\_

**Mail Payment to:** \_\_\_\_\_

**PART II.** On an additional sheet (100 word maximum), please describe how you will use the information presented in the training to enrich your work as a *Promotor(a)*.

Submit scholarship application and 100-word essay to:

Migrant Health Promotion

224 W. Michigan Ave.

Saline, MI 48176

Fax: 734-944-1405

Toll-free phone: 1-800-700-6927

capacity@migranthealth.org