



School of Public Health

COMMUNITY SCHOLARS PROGRAM APPLICATION FALL 2015

ABOUT THE PROGRAM

The **Community Scholars Program** (CSP) encourages experienced public health professionals to pursue an MPH while continuing their full-time employment. This program provides financial assistance to individuals who have at least two years of experience in the field and who are currently employed in health-related nonprofit organizations and government agencies.

The Community Scholars Program broadens the diversity of the students at BUSPH, strengthens the School's existing ties with community partners, and helps Boston-area agencies maintain a skilled and educated public health workforce.

Community Scholars will take on average two-and-a-half to three years to complete the master's of public health degree on a part-time basis.



DATES TO REMEMBER

- CSP Applicants must be *accepted by* BUSPH for admission to the MPH program by **March 25, 2015**.
- CSP Application deadline **April 1, 2015**.

REQUIRED MATERIALS:

THIS CSP APPLICATION FORM

☐

LETTER OF RECOMMENDATION FROM CURRENT EMPLOYER

☐

APPLICATION ESSAY

☐

CURRENT RESUME OR CURRICULUM VITAE

☐

PERSONAL INFORMATION

Name:		MPH Concentration:	
Street Address:			
City, State, Zip:			
Telephone:		Email Address:	

EMPLOYMENT INFORMATION (PLEASE ATTACH CURRENT RESUME/ CURRICULUM VITAE)

Current Position:		Employer:	
-------------------	--	-----------	--

LETTER OF RECOMMENDATION (PLEASE ATTACH A LETTER OF SUPPORT FOR GRADUATE STUDY ON COMPANY LETTERHEAD)

Supervisor Name (Recommender):		Supervisor's Title:	
-----------------------------------	--	------------------------	--

APPLICATION ESSAY

Essays should be a maximum of two (2) double-spaced, typed pages and answer both questions below:

1. Describe your current work as a Public Health Practitioner and how attaining a Master's of Public Health will help you further your career aspirations.
2. How are you a leader in your organization? Provide two or more examples of how you have been a successful leader within your organization.

Completed Applications must be post-marked no later than **April 1, 2015** and mailed to:

Boston University School of Public Health
Attn: Community Scholars Program Coordinator
715 Albany Street, T2C
Boston, MA 02118

Phone: 617-638-4640
Fax: 617-638-5060
E-mail: asksph@bu.edu

Requirements & Award Guidelines

- Applicants to the Community Scholars Program must be admitted to the MPH program for the Spring 2015 or Fall 2015 semester in order to be considered for the program.
- Eligible applicants must have at least two (2) years of experience and be currently employed, on a fulltime basis, in public health related nonprofit organizations or government agencies.
- Community Scholars Program participants are required to participate in additional component(s) of the program during their MPH. These component(s) will be outlined in the scholarship offer.
- Community Scholars Program awards supersede any meritorious scholarship that may have been awarded at the time of acceptance by the Admissions Office. Any original offer of merit scholarship aid will become void.
- The Community Scholars Program awards do not have any bearing on need-based financial assistance offered through the Office of Student Financial Services. For information on additional need-based financial assistance, please contact the Office of Student Financial Services at (617)638-5130 or osfs-sph@bu.edu.
- University policy requires eligible students receiving any type of institutional financial assistance to be in compliance with federal financial aid regulations.
- All students receiving financial assistance must maintain correct contact information (address, phone, email, etc.) on file with Boston University. This information is updated via the Student Link (www.bu.edu/link).

Applicant's Signature:

I have read and understand the above requirements and award guidelines. I understand that if any of the information included in this application changes it is my responsibility to contact the BUSPH Admissions Office to make updates or corrections. I authorize the release of my SOPHAS application to the Community Scholars Review Committee.

Signature

Date

Name (please print)