



Arkansas Department of Health

Arkansas Minority Health Commission
1501 South Main St., Suite A • Little Rock, Arkansas 72202 • (501) 686-2720 • Fax: (501) 686-2722
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health
ShaRhonda J. Love, MPH, Director

AMHC Minority Healthcare Workforce Diversity SCHOLARSHIP APPLICATION FORM

Deadline: This application form and all other required documentation must be received by December 31, 2020, via email only to Onekia Freeman at Onekia.Freeman@arkansas.gov. Questions? Call (501) 686-2720 (8 a.m. – 4:30 p.m. weekdays) or e-mail: Onekia.Freeman@arkansas.gov. Website: arminorityhealth.com.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. **Please initial.**

1. ____ * I confirm that I am a racial minority (African American, Hispanic, Native American/American Indian, Asian American or Marshallese).
2. ____ * I am a citizen of the United States or a permanent resident alien (includes Washington, DC, and Puerto Rico).
3. ____ * I am a resident of Arkansas as defined by the Department of Higher Education for a minimum of twelve (12) months.
4. ____ * I will be attending a college in Arkansas in the semester of _____.
5. ____ * I am enrolled in a program of study that leads to or is creditable toward a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions). These programs include graduate degree programs, baccalaureate degree programs, associate degree programs, qualified certificate programs and nursing school diplomas, which require concurrent college enrollment.
6. ____ * I am tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco.
7. ***Name:**
 - a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?

8. ***Have you won an AMHC scholarship before?**
____ Yes (Year: _____) or ____ No

9. ***Home address:** The AMHC Scholarship Program is restricted to residents of Arkansas.

*Address: _____

*City: _____ *State: _____ *ZIP: _____

10. ***Primary telephone:** (_____) _____

11. **Secondary telephone:** (_____) _____ **Extension:** _____

12. ***E-mail:** _____

13. **Date of Birth (MM/DD/YYYY):** ____/____/____

14. ***What school do you currently attend?**

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

What is your current GPA? _____

15. ***Race/Ethnicity:**

American Indian/Alaska White Asian Hispanic/Latino

African American Marshallese Other: _____

16. **Gender:**

Male Female

17. **Preferred Language:**

English Spanish Other: _____

18. ***Classification in upcoming semester:** _____
(freshman, sophomore, junior, senior, graduate, PhD candidate, postgraduate)

19. ***What degree(s) are you pursuing?**

20. ***What profession or field of employment do you wish to enter with your college degree?**

21. ***Anticipated year of college graduation:** _____

22. List any other postsecondary institutions you have attended:

19a. Name: _____
City: _____ State: _____ Years: _____

19b. Name: _____
City: _____ State: _____ Years: _____

19c. Name: _____
City: _____ State: _____ Years: _____

23. * Essay:

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in these points: your most notable qualities, your knowledge about minority health, and examples of your demonstrated leadership ability.

Attach your essay to this form. The essay is limited to no more than 1,000 words on two printed pages (approximately 6,000 characters). Recommendation: Carefully proof your essay and know that well-done, short essays are admired.

24. *Certification Statement:

I pledge to be tobacco free. "Tobacco" includes any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco product to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, "e-cigarette" and Electronic Nicotine Delivery Systems (ENDs). This pledge includes alcohol for applicants less than twenty-one years of age.

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____