



## Malcolm U. Dantzler Scholarship

Sponsored by the  
**South Carolina Public Health Association**

**SCHOLARSHIP AMOUNT: \$500**

**APPLICATION DEADLINE: FRIDAY, MARCH 29, 2019**

### Eligibility Criteria - A recipient of the *Malcolm U. Dantzler Scholarship* must:

- Be a current member, in good standing, of the South Carolina Public Health Association (SCPHA) for at least the year in which the scholarship application is made;
- Be enrolled in a course of study leading to a degree in a health-related field;
- Have documentation of at least six (6) hours of study remaining before graduation (may include student's work on practicum, thesis or dissertation);
- Demonstrate high academic and professional promise;
- Achieve and maintain an academic performance of 3.5 or better (based on a GPA maximum of 4 points); and,
- Exhibit significant commitment to the public health profession through volunteer and/or professional activity as indicated by the following:
  - Involvement in community activities;
  - Involvement in scholarly activities; and/or
  - Participation in related professional and/or student organizations.

### Application Requirements:

- Applicants may apply for the scholarship themselves or be nominated by professionals in the field.
- Applications and nominations are to be mailed to the chair of the SCPHA Scholarship Committee.
- Scholarship application forms must be postmarked no later than the deadline indicated.

### How to Apply:

- Complete SCPHA Malcolm U. Dantzler Scholarship Application Form (page 2).
- Write a personal statement of 250 words or less about your career goals and professional aspirations, and attach with application form.
- Include current, official school transcript with application form.
- Include proof of number of hours remaining before graduation.
- Submit application packet to address given on application form (electronic submissions are not accepted).

**Note: The SCPHA Scholarship Committee reserves the right to interview the top applicants if desired. For additional information or to request an application, please contact:**

Tammy E. Thomasson  
SCPHA Member at Large  
(803) 268-5835  
[thomaste@dhec.sc.gov](mailto:thomaste@dhec.sc.gov)

Beverly G. Turner  
SCPHA Member at Large  
803-788-9241  
[rk323b@gmail.com](mailto:rk323b@gmail.com)

APPLICATION ALSO CAN BE DOWNLOADED FROM [WWW.SCPHA.COM](http://WWW.SCPHA.COM)

**Malcolm U. Dantzler Scholarship**  
2019 Application Form  
**SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION**

**INSTRUCTIONS:** Type or CLEARLY PRINT your information and mail this form with your full application packet.  
**Directions for Electronic Submissions:** In order to meet the application deadline, electronic applications may be submitted, but please scan all accompanying documents (except your school transcripts) and email them with the application. ***DO NOT*** open your school transcripts! Package all required materials and mail the completed application packet to the address at the bottom of the application.

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

Complete Mailing Address (Include street address and/or Post Office Box, City, State, and Zip Code):  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Health-related Field of Interest: \_\_\_\_\_

**APPLICATION REQUIREMENTS:**

1. Attach an official school transcript (in a sealed envelope) with application and proof of hours remaining for graduation.
2. Write a personal statement of 250 words or less about your career goals and aspirations in a health-related field. Use a separate sheet of 8.5" x 11" paper, typed and double-spaced, and attach to application. Be sure to include your name on the separate sheet.
3. Complete the following information on this form (attach additional sheet if needed).

- a. Briefly describe the extent that you have been involved in health-related volunteer and/or community activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Give a list of your scholarly activities (i.e., academic awards, publications, participation in research projects, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Briefly describe the extent that you have been involved in health-related professional and/or student activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***✓Final check: A completed application packet must contain 3 documents (application form, personal statement, and official transcript) in order to be considered for this scholarship.***

**DEADLINE TO SUBMIT ALL APPLICATION PACKETS: Friday, March 29, 2019** (must be postmarked no later than 3/21/2014)

TO: SCPHA Scholarship Committee  
PO Box 11061  
Columbia, South Carolina 29211