



2011 Ohio Asian American Health Conference
Educating Communities for Healthier Tomorrow

June 24th and June 25th, 2011
Columbus, Ohio

Scholarship Application

Completion of the scholarship application indicates your intention to attend the Health Conference at the Fawcett Center, 2400 Olentangy River Road, Columbus, Ohio on June 25th, 2011. Scholarships will provide partial support for applicant's expenses to the events. Due to a limited number of scholarships, completion of this application does not guarantee a scholarship. You will be notified shortly after the application due date.

Scholarship granting criteria: (1) Participate in the entire conference (2) Complete Pre-survey and post-survey, complete the evaluation forms and (3) provide input on how the coalition can better serve you and your community. All applications are welcomed and will be considered.

Completed forms must be submitted no later than Friday, June 17, 2011.

A. First Name: _____ Last Name: _____ Age _____ M or F _____

Name of organization/School: _____ Title _____

Current Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone(s): _____ Fax: _____

Email Address _____ Alternate Email _____

For Student only,

B. Education

High School _____ Dates Attended _____

Location (City & State) _____ Diploma Date _____

Major Area of Study _____ GPA _____

College/University _____ Dates Attended _____

Location (City & State) _____

Degree _____ Date _____

Major _____ Minor _____ GPA _____

C. Asian American and Pacific Islander (AAPI) Community Activities/Involvement

List names of organizations, locations, your functions, positions, accomplishments, awards, dates.

D. Personal Statement

Please answer both questions. Be specific. (Each answer less 100 words)

1. What are your career goals?

2. How would this award further your career goals?

E. Reference

Please include name and contact information of an educator, an employer or supervisor, or community leader. OAAHC may contact your reference for verification.

By signing this application, I affirm that all information contained herein is accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Application deadline: **June 17, 2011**

Please complete and email/fax to:

Pauline Tan

Phone: 614-366-8214

Fax: 614-293-4001

Email: oaahc.usa@gmail.com

