
Funding provided by the University of Minnesota Center for Public Health Preparedness, an academic center funded in part by the Centers for Disease Control and Prevention (CDC).

Scholarships (covering SPH tuition, Institute fee, and University fee = \$740 per credit) are available for students to take up to two courses at the 2009 Public Health Institute related to the food protection focus area. (Courses are subject to availability – early registration is encouraged).

The awards will be based on the applicant's statement of interest, length of service in the field, and potential applicability of a course to the applicant's role. Twenty (20) scholarships are available.

Applicant Requirements

Applicant must be a U.S. citizen and:

1. Meet at least one of the following:
 - a. Work in a local or state public health agency in the United States
 - b. Work in the food industry.
 - c. Be a student in the University of Minnesota, School of Public Health, Executive Program in Public Health Practice, Veterinary Public Health, or Public Health Certificate in Food Safety and Biosecurity.
2. Complete Sections A-D of the attached application.
3. Successfully complete the course(s) awarded during the 2009 Public Health Institute. For details on the 2009 Public Health Institute courses, dates, times, and registration, visit cpheo.sph.umn.edu/institute
4. Agree to be contacted at approximately six and twelve months following the Institute to offer feedback regarding the professional application of the course content.
5. Assume all costs other than the SPH tuition, Institute fee and University fee.

Applications will be accepted through May 8, 2009.

Applications should be sent to:

SPH Scholarship Committee
University of Minnesota
Mayo Mail Code 819
420 Delaware St SE
Minneapolis, MN 55455-0381
FAX: 612/624-4498
Office Location: D-305 Mayo Memorial Building

Questions

Please call 612-626-5665 or email php@umn.edu with questions. Upon request, this document can be made available in alternative formats.

A. Personal Information:

Full Name _____

Mailing address _____

City _____ State _____ Zip _____ County of residence _____

E-mail address _____ Contact Phone # _____

If University of Minnesota SPH student, program name: _____ Student ID number _____

Employer _____

Job title _____

B. Select courses**Rank three courses in order of preference, 1 (most preferred) to 3**

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|---------------------|---|
| _____ PubH 7231-101 | Surveillance of Foodborne Pathogens in Humans (1 credit) |
| _____ PubH 7214-101 | Principles of Risk Communication (1 credit) |
| _____ PubH 7215-101 | Food Safety: Risk Assessment (1 credit) |
| _____ PubH 7216-101 | Food Safety: Risk Management (1 credit) |
| _____ PubH 7200-108 | Global Food Safety Systems Leadership (1 credit) |
| _____ PubH 7200-113 | Surveillance of Zoonotic Pathogens (1 credit) |
| _____ PubH 7200-106 | Food Safety Systems in a Global Food Market (1 credit) |
| _____ PubH 7200-107 | Food System Defense: Vulnerabilities in the Food System (1 credit) |
| _____ PubH 7200-120 | Science Behind Food Safety in Food Manufacturing (1 credit) |
| _____ PubH 7200-101 | Ecosystems Health, Sustainability and Environmental Change (1 Credit) |
| _____ PubH 7200-119 | Rapid Response to Food Emergencies: Coding and Traceback (1 Credit) |

C. Signature:

I agree to successfully complete the course(s) awarded during the 2009 Public Health Institute.

I agree to pay all costs beyond the \$740 per credit (SPH tuition, Institute fee, and University Fee) covered by this scholarship. I understand that I am responsible for all other University of Minnesota fees and course materials. If I withdraw from a course after it begins, I will assume the entire cost of the course, including tuition and Institute fee.

I also agree to be contacted at approximately 6 and 12 months following the completion of the Institute to provide feedback on the use of the course content in my public health practice.

Course instructors will not be aware of a student's status as a scholarship recipient. Additionally, student feedback will be anonymously provided to the instructor after final grades have been posted.

 Applicant's Signature

 Date

D. Statement of Interest:

Please describe why you wish to be awarded this scholarship. Include:

- Your current and previous work experience in the area of food safety, biosecurity or related field.
- How the course material would apply to your current and future work.
- Why financial support would help make it possible for you to take this course.

Submit this statement on a separate sheet. Please do not exceed one page double spaced.