
Funding provided by the Midwest Center for Life-Long-Learning in Public Health (MCLPH), a Public Health Training Center funded in part by the Health Resources and Services Administration (HRSA).

Financial support is available for students who are willing to participate in an evaluation study of courses offered in the Culturally Responsive Public Health Practice Series at the 2009 Public Health Institute at the University of Minnesota School of Public Health (SPH). Financial support is made available to improve the capacity of public health professionals and community service providers to better understand and meet the needs of culturally diverse clients and to provide a means for evaluating professional application of course content.

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. Applicants of color are strongly encouraged to apply for tuition support. Early application is encouraged.

Participants may apply for tuition support for one course. Twelve (12) awards up to \$734.00 per course are available.

Applicant Requirements

1. Employee in a community health agency or social service agency in the United States that provides services to culturally diverse groups of clients.
2. Complete Sections A-D of the attached application.
3. Attend the awarded courses at the 2009 Public Health Institute. For details on the 2009 Public Health Institute including 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 application of the course content to professional practice.
5. Assume the cost of text books and related course materials.

Please send applications to:

SPH Tuition Support 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

Applications will be accepted through April 20, 2009. The selection committee will review applications and announce recipients by telephone or by e-mail by May 1, 2009.

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 _____

E-mail address: _____ County of Residence: _____

Work Phone: _____ Home Phone: _____

Employer/Agency: _____

Division/Department: _____

Job title: _____

Ethnicity: African American African American Indian or Alaskan Native Asian Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White Other (please list: _____)

B. Select Courses:Rank first and second choice. For course descriptions go to cpheo.sph.umn.edu/institute.

Subj #	Sec #	
____ PubH 7200	114	Communicating Effectively in Community-Based Participatory Research Partnerships: A Skill Building Approach
____ PubH 7200	125	Community Organizing and Advocacy: Building Political Power and Moving People to Action
____ PubH 7241	101	Culturally Responsive Communication
____ PubH 7200	116	Environmental Justice
____ PubH 7200	118	Qualitative Research Methods: Discovering the Value of "Voice" in Words, Stories and Photographs
____ PubH 7200	126	Reintegrating Physical Activity and Healthy Eating into Organizational Routine: Opportunities for Intervening
____ PubH 7200	122	War and Public Health

C. Signature:

If awarded tuition support I agree to attend the selected courses at the 2009 Public Health Institute.

I also agree to be contacted at approximately 6 and 12 months following the completion of the Institute to provide feedback on the application of the course content in my practice. If I withdraw from a course after it begins, I will assume the cost of the course including tuition and all applicable fees.

Course instructors will not be aware of a student's status as a tuition support 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 tuition support. Include:

- Your current and previous work experience in the field of public health.
- Description of the diverse clients served by your agency.
- How this course will help you to better understand and meet the needs of your clients.
- Why financial support would help make it more possible for you to take this course.

Feel free to submit this statement on a separate sheet. Please do not exceed one page double-spaced.