



Dr. ALMA S. ADAMS 2011 SCHOLARSHIP FOR OUTREACH AND HEALTH COMMUNICATIONS TO REDUCE TOBACCO USE AMONG PRIORITY POPULATIONS*

Application

THE SCHOLARSHIP

Scholarship applications from high school, undergraduate, or graduate students – will be accepted starting January 1st through April 30th, 2011. Scholarship awardees will be notified by June 30th, 2011. Scholarship funds may be used for college tuition, books and related living expenses.

Awards will be granted on a competitive basis for the following: **a)** a record of commitment to community service on behalf of an underserved community; preferably related to tobacco prevention and/or control and **b)** the best use of visual arts, media, creative writing or other creative endeavor to convey culturally appropriate health messages aimed at raising community awareness of tobacco's harmful impact. Entries may include creative writing, a musical composition or a sample from a visual arts medium.

Scholarship Criteria

1. Applicants must provide evidence of community service activities in an underserved community setting. Service activities may include activism, outreach, or peer counseling in tobacco prevention or control. The community service activity should be described in the personal statement and (*see application instructions on page 5*).
2. Applicants must submit documentation of financial need for scholarship funds (SAR report).
3. Students pursuing a course of study in public health, communications, social work, education, liberal arts or a related field will be considered eligible.
4. Applicants must have a Grade Point Average of at least a 3.0 (B average) for the most recent academic year.

Review Process

- The *first* phase of the review will ensure that the basic eligibility criteria have been met and the guidelines observed.
- A *second* review phase will include an external panel that will be responsible for making recommendations to Legacy staff.

**Priority populations include residents of low-income communities, U.S. racial/ethnic minorities (African American, Alaska Native, American Indian, Asian, Hispanic/Latino, Native Hawaiian, Pacific Islander; Gay/lesbian/bi-sexual/transgender communities); and other populations that have significantly higher than average smoking prevalence rates.*



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Applicant Information

Name: _____

Permanent Home Address:
Street Address _____
City _____ State _____ Zip Code _____

Current address (or school residence):
Street Address _____
City _____ State _____ Zip Code _____

Social Security Number (*only last four digits*): _____ **Date of birth:** _____

Male: **Female:** **High School Graduation date:** _____

Telephone Numbers: Home _____ Cell _____ Other _____

E-mail address: _____

Cumulative GPA for the most recent school year: _____

Institution to be attended in fall 2011: _____

Class standing (*freshman, senior, etc.*) in fall 2011: _____

What is your intended major? _____

How did you hear about this scholarship? _____



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Provide name and address of each school previously attended, starting with high school.

1.
2.
3.
4.
5.

Enter a brief description of past activities and accomplishments including, both school and extra-curricular which you would like to emphasize.

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Employment History:

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Career goals and interests:

Activities: Highlight activities related to the prevention and control of tobacco.
(Attach a separate list, if necessary).

Awards and Recognitions: *List and briefly describe.*

Additional Comments: *You may comment briefly on any specific financial circumstance which you would like to bring to the attention of the scholarship committee in the space provided below.*

Application Process

A complete application must include the following materials:

- **Applicants must submit the Student Aid Report (SAR)** received as the result of filing the Free Application for Federal Student Aid (FAFSA). You may fill out the FAFSA electronically at www.fafsa.ed.gov. The relative level of an applicant's expected family contribution will be **one** of the criteria considered by the selection panel. The Student Aid Report will be reviewed only for the purpose of assessing the scholarship application and will be treated as confidential information.
- **Current copies of all college transcripts or high school transcripts for High School seniors**
Unofficial copies will be accepted.
- **Personal statement** 500 words double spaced reflecting the applicant's career aspirations in public health, health communications, social work, education, or other related fields. The statement should also discuss the applicant's tobacco control interest and/or experience and his/her record of community service in an underserved community setting.
- **One sample of the applicant's originally developed health communication material** aimed at conveying a health message or raising community awareness of the harmful effects of tobacco. Entries may include, for example, essays, scripts, or sketches for murals or paintings, recordings for musical scores. The format for submitting the sample may include PowerPoint slides, digitally scanned visuals, Web site images, audiotapes, DVD, or other hard copy materials. **Legacy will not be able to return submitted materials.**
- **Two letters of recommendation** from faculty members, guidance counselors, mentors or supervisors who are knowledgeable about the applicant's record of community service activities.

**Deadline: Completed application must be postmarked by April 30th, 2011 or submitted electronically by April 30, 2011 at 5:00pm EST.
No exceptions will be made for late applications**

Submit by e-mail or hard copy mail your completed application package to the following address:

**Dr. Alma S. Adams Scholarship Fund
Legacy
Attention: Linda R. Williams
1724 Massachusetts Avenue, NW
Washington, DC 20036**

e-mail: adamsscholarship@legacyforhealth.org
Telephone (202) 454-5920/Fax (202) 454-5775

Authorization**

I certify that all information in this application is accurate to the best of my knowledge.

Applicant's Name: _____

Signature of Applicant: _____ **Date:** _____

Signature of Parents or Guardian:* _____ **Date:** _____

*If applicant is under 18 years old

**The Authorization page may be sent by mail or fax.