

NJSOPHE AWARDS & SCHOLARSHIPS

Carol Revfi Professional Development Scholarship Application

Background Information					
Name	Phone Number				
Mailing Address					
Email Address					
Are you a current member of NJSOPHE? Yes No					
If yes, how long h	nave you been a r	member?			
Academic Information					
School, College or University	Location	Years Attended	Major	Degree Obtained	
Did you graduate withi	in the last 2 years	s? Yes	No		
If yes, what was y	our overall GPA	?			
Professional History	Y				
Please provide a copy of experience related to h	-	_	all relevant work	and volunteer	
Personal Statement	t				
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Please provide a brief personal written statement (600 words max) or video (under 5 min) including (1) explanation of your professional goals, (2) description of key lessons you've learned through work, academic or volunteer health education experiences, and (3) justification of the professional development conference you'd like to attend and how the scholarship funds will be utilized.

Reference

Please provide one letter of reference from an individual who is familiar with your professional skills and abilities. The reference letter should be from a professor, supervisor, or colleague who has worked with you on a health education project/activity. The reference letter can be sent separately but no allowances will be made for late or non-receipt.

Special Instructions				
Make sure to include the following documents:				
☐ This application ☐ Your current resume ☐ Personal statement				
☐ Letter of reference				
Please note: Winners of the Carol Revfi Scholars within one year after receiving the award. The rewere used and any accomplishments, learnings the conference.	eport should include how the funds			
If selected, I agree to provide a brief report v	vithin one year of receiving the award.			
Signature	Date			
E-mail your completed application and require	d documents to:			
Krista M. Reale				
njsopheawards@gmail.com				

Applications must be received by Friday October 13, 2023.