**Background Information**

Name: Click here to enter text.

Mailing address: Click here to enter text.

Phone number: Click here to enter text.

Email address: Click here to enter text.

Are you currently in school? Click here to enter text.

How many years have you been a member of NJ SOPHE? Click here to enter text.

**Reason/goals for attendance**

Please share why you want to attend the SOPHE Advocacy Summit and how you will use the information and skills that you learn in your personal and/or professional life, as well as to support the advocacy efforts of NJ SOPHE.

**Reference**

Please provide one letter of reference from an individual familiar with your professional skills and advocacy interests. Letters can be from professional supervisors, co-workers, or community members.

Please list your reference and attach the letter in your application. Letters can be sent separately but no allowances will be made for late or non-receipt.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Affiliation** | **Email address** | **NJ SOPHE member?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Special Instructions**

Be sure to include the following documents with your application:

* This application (saved under your name if sending electronically)
* Reason/goals for attendance
* 1 letter of reference

Signature of person submitting entry: Click here to enter text. Date: Click here to enter text.

*Please note: The person chosen to attend will be asked to provide a brief overview after attending the summit about any highlights and key takeaways that the advocacy committee should be aware of.*

**Please email your application to:**

Krista Reale

njsopheawards@gmail.com

**Applications must be sent by Friday, August 14, 2020.**