



23rd Annual West Virginia Rural Health Conference

Student and Community Member 2015 Scholarship Application

General Information and Instructions

The 23rd Annual West Virginia Rural Health Conference will be held at Stonewall Jackson Resort, Roanoke, West Virginia, October 14 – 16, 2015. Limited number of scholarships to attend the West Virginia Rural Health Conference will be awarded. ***Students and Community Members are eligible to apply. Application Deadline is September 11, 2015. If you are a poster presenter (only) please do not use this form. If you wish to attend conference and be considered for a scholarship award you must complete application.***

All scholarship applicants must provide a brief written summary depicting their personal experience and commitment to serve in a rural location. Students (only) must have advisor sign form to be considered for scholarship award. Scholarships will be awarded based on applicant's experience, service, and desire to provide health service and/or promote access and the continuation of quality health care to the rural population of West Virginia.

Recipients of conference scholarships are afforded lodging at the conference center (if recipient resides fifty (50) miles or more outside the conference area). Mileage will be reimbursed to and from conference to those awarded.

Due to limited accommodations, scholarship recipients are required to share a double room. Gender information is solely for the purpose of room assignments. If possible, a specific roommate request will be considered.

All scholarship awards will be confirmed via email, therefore, email addresses must be included. A limited number of scholarship will be awarded. Reciprocates are encouraged to apply as soon as possible.

To Apply: Submit Scholarship Application and Summary by **September 11, 2015** via email to Debrin Jenkins, Email debrinwvrha@gmail.com. Questions call Debrin Jenkins 304-890-7017

After accepting a scholarship award, if unable to attend the conference, please notify Debrin Jenkins by email before September 30, 2015. Please do not contact Stonewall Jackson Resort to make any changes.



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Students must have advisor sign form to be considered for scholarship award. PLEASE REVIEW THE GENERAL INFORMATION OF THIS APPLICATION PRIOR TO COMPLETION. INDIVIDUALS DIRECTLY EMPLOYED BY A HEALTH CARE FACILITY ARE INELIGIBLE TO PARTICIPATE IN THE SCHOLARSHIP PROGRAM.

Application will only be accepted online

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____ Email: _____

PLEASE INDICATE DATES YOU WILL BE ATTENDING THE CONFERENCE AND YOUR LODGING REQUIREMENTS IF AWARDED A SCHOLARSHIP

Please do not complete this form if you are a poster presenter.

Conference Attendance and Lodging - please check appropriate box.

Wednesday	October 14, 2015	<input type="radio"/>	Attend Conference	<input type="radio"/>	Require Lodging	Dinner on own
Thursday	October 15, 2015	<input type="radio"/>	Attend Conference	<input type="radio"/>	Require Lodging	Dinner on own
Friday	October 16, 2015	<input type="radio"/>	Attend Conference			

I will not require lodging during the conference Student Community Member

Male Female Roommate Request:



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SCHOLARSHIP SUMMARY FORM

Student/Community Member provide a brief written summary depicting their personal experience and commitment to serve in a rural location. Students (only) must have advisor sign.

Student/Community Member

Advisor

X

X
