



Arkansas Department of Health

Arkansas Minority Health Commission
5800 W. 10th Street, Suite 805 • Little Rock, AR 72204 • (501) 686-2720 • Fax: (501) 686-2722

Governor Asa Hutchinson
Renee Mallory RN, BSN, Interim Secretary of Health
Kenya L. Eddings, MPH, CWWS, Director

Arkansas Minority Health Commission Minority Healthcare Workforce Diversity SCHOLARSHIP APPLICATION FORM

Deadline: This application form and all other required documentation must be received by **Saturday, December 31, 2022 by 5:00pm(CST).**

Email to: Onekia.Freeman@arkansas.gov. Questions? Call (501) 686-2720 (8:00 a.m. – 4:30 p.m. weekdays) or e-mail: onekia.freeman@arkansas.gov.

Website: arminorityhealth.com.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. **Please initial.**

1. ____* I confirm that I am a racial minority (African American, Hispanic, Native American/American Indian, Asian American or Marshallese).
2. ____* I am a citizen of the United States or a permanent resident alien (includes Washington, D.C., and Puerto Rico).
3. ____* I am a resident of Arkansas as defined by the Department of Higher Education for a minimum of twelve (12) months.
4. ____* I will be attending a college in Arkansas in the **Spring** semester of **2023**.
5. ____* I am enrolled in a program of study that leads to or is creditable toward a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions). These programs include graduate degree programs, baccalaureate degree programs, associate degree programs, qualified certificate programs and nursing school diplomas, which require concurrent college enrollment.
6. ____* I am tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco.

7. *Name:

- a. First name*-- Middle name(s) -- Last name*:

- b. If it is different than your formal name, what do you prefer to be called?

8. *Have you been awarded an AMHC scholarship before?

____ Yes (What Year?: _____) or ____ No

9. ***Home address:** *The AMHC Scholarship Program is restricted to residents of Arkansas.*

*Address: _____

*City: _____ *State: _____ *ZIP: _____

10. ***Primary telephone:** (_____) _____

11. **Secondary telephone:** (_____) _____ **Extension:** _____

12. ***E-mail:** _____

13. **Date of Birth** (MM/DD/YYYY): ____/____/____

14. ***What school do you currently attend?**

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

What is your current GPA? _____

15. ***Race/Ethnicity:**

☐ American Indian/Alaska ☐ White ☐ Asian ☐ Hispanic/Latino

☐ African American ☐ Marshallese ☐ Other: _____

16. **Gender:**

☐ Male ☐ Female

17. **Preferred Language:**

☐ English ☐ Spanish ☐ Other: _____

18. ***Classification in the Spring 2023 semester:** _____

[freshman, sophomore, junior, senior, graduate, terminal degree (pharmacy, medicine, etc.), postgraduate]

19. ***What degree(s) are you pursuing?**

20. ***What profession or field of employment do you wish to enter with your college degree?**

21. ***Anticipated year of college graduation:** _____

22. **List any other postsecondary institutions you have attended:**

22a. Name: _____

City: _____ State: _____ Years: _____

22b. Name: _____

City: _____ State: _____ Years: _____

22c. Name: _____

City: _____ State: _____ Years: _____

23. * Essay:

Please compose an essay that addresses each of the following: your most notable qualities, your knowledge about minority health, and examples of your demonstrated leadership ability.

Attach your essay to this form. The essay is limited to no more than 1,000 words on two printed pages (approximately 6,000 characters). Recommendation: ***Carefully proof your essay and know that well-written, short essays are admired.***

24. *Certification Statement:

I pledge to be tobacco free. "Tobacco" includes any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco product to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, "e-cigarette" and Electronic Nicotine Delivery Systems (ENDs). This pledge includes alcohol for applicants less than twenty-one years of age.

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____