

Carla G. Baumann Public Health/Nursing Scholarship

Application Cover Form

Applications must be received by 5:00 PM, January 31.

Name:		
Address:		
City:	State	te:Zip:
Phone:	Ema	ail:
College/University Currently Attending:		
Course of Study:		
Hours Completed:		
<i>Note</i> : The CGB Nursing Scholarship is open <i>only</i> to graduates of the Public Health or BSN programs at Eastern Kentucky University or Berea College who are enrolling in graduate or higher-level programs. You can be attending other Universities for your graduate degree.		
Undergraduate degrees completed and any certifications obtained:		
Institution	Degree or certifica	cate Date Completed

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Please send cover page, essay, two (2) letters of support, and an OFFICIAL COPY of current program transcript by mail or email to:

Madison County Health Department ATTN: CGB Scholarship P.O. Box 1208 Richmond, KY 40476-1208 scholarship@madisoncohd.com