



2018 - 2019 Application

**General Candidate Information & Personal Statement of Financial Need**

**Timmy Global Health Scholarship Fund**

*This is the combined application for the Student Travel Support Fund (for undergraduate students) and the Hank Benjamin Memorial Scholarship (for graduate/professional students). ONLY this application is necessary to be considered for both types of financial aid.*

Please complete all pages and send application to [scholarship@timmyglobalhealth.org](mailto:scholarship@timmyglobalhealth.org) by your deadline.

**GENERAL CANDIDATE INFORMATION**

**FULL NAME** (as it appears on your passport)

First

Middle

Last

**DATE OF BIRTH** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**CURRENT ADDRESS**

**PERMANENT ADDRESS** (if different)

Street

Street

City

State

Zip

City

State

Zip

**CELL PHONE** (\_\_\_\_) \_\_\_\_\_

**HOME PHONE** (\_\_\_\_) \_\_\_\_\_

**PERSONAL EMAIL ADDRESS** \_\_\_\_\_

**CURRENT COLLEGE / UNIVERSITY** (Name, City, State) \_\_\_\_\_

**INTENDED DEGREE AND YEAR OF GRADUATION** \_\_\_\_\_

**TIMMY GLOBAL HEALTH CHAPTER MEMBER:** YES / NO      **CURRENT GPA (UNDERGRADUATE):** \_\_\_\_\_

**TGH CHAPTER EXECUTIVE BOARD MEMBER OF ENDORSEMENT** (Name and contact information):  
\_\_\_\_\_

**CHAPTER MEDICAL SERVICE TRIP DESIRED** (location/dates): \_\_\_\_\_

**SPANISH SPEAKING/COMPREHENSION ABILITY:** Please characterize your Spanish-proficiency by **highlighting** one of the following boxes

<p><b>None</b> (Speak no Spanish)</p>	<p><b>Beginner</b> (Few words, phrases)</p>	<p><b>Intermediate</b> (Ability to converse, but may get lost at times)</p>	<p><b>Advanced</b> (Ability to easily interpret and speak the language)</p>	<p><b>Master</b> (Native speaker or functionally native)</p>
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**PLEASE ATTACH CV OR RESUME**

**PERSONAL STATEMENT OF FINANCIAL NEED**

All are welcome to apply for the Student Travel Support Fund; however, this is a need-based scholarship, and as such there will be a heavy weight placed on financial need in the selection process. In order for us to most accurately assess your level of financial need, please complete this page thoroughly and truthfully.

1. **Which of the following apply to you? Please select all that apply by highlighting them.**
  - a. I am a first-generation college student (neither of my parents have a college degree)
  - b. I am from a single parent/guardian household
  - c. I received need-based aid from my school or another source this year (2018-2019)
  - d. I received merit-based aid from my school or another source this year (2018-2019)
  - e. I currently hold paid employment: # of hours worked per week: \_\_\_\_\_
  - f. I received a federal Pell Grant this year (2018-2019)
  
2. **Please provide a statement here regarding your financial hardship, to help us in better understanding your need. (250 words limit)**

3. **Signed Agreement**

*By signing this acknowledgement I certify the truth and accuracy of the information provided.*

*I understand any funds received must be used solely to offset my travel costs for a TGH college chapter medical service trip.*

*I confirm that I am the following:*

- *Not a past recipient of a Hank Benjamin Memorial Scholarship; the only EXCEPTION to this rule is trip leaders for the 2017-2018 school year*
- *U.S. Citizen, Permanent Resident, or on a U.S. Student VISA*
- *Over age 18*

*With my signature I authorize TGH to: verify my GPA and financial information; contact my references(s); and to verify other provided information.*

*I understand that my participation on a TGH college chapter medical service trip is dependent on my written acceptance of the rules, regulations, waivers and policies of TGH. I understand that early termination of the trip is at the sole discretion of TGH and that if early termination is required I may be responsible for the return of some or all of the Timmy Global Health Scholarship Fund award.*

*In addition, I certify that I am able to fund the entire cost of the trip, should I not receive award money from the Student Travel Support Fund.*

*Further, I acknowledge that while TGH will make a reasonable effort to keep my financial information confidential, I understand that such confidentiality is not guaranteed.*

**SIGNATURE:**

*(By typing my name in italics, this serves as my electronic signature)*

**NAME:**

*(Printed)*

**DATE:**



2018 - 2019 Application  
Service History / Statement of Interest Form  
Timmy Global Health Student Travel Support Fund

*(Please answer all questions below thoroughly and thoughtfully)*

1. **Personal Statement: Please explain the experiences (educational, personal, work volunteer, etc.) you have had that have led you to want to participate in a Timmy Global Health medical service trip. (500 word limit)**

**2. Please describe your previous involvement working with any other international or local service initiatives that relate to the fight against health disparities or assisting the underserved. Your Timmy experience, if applicable, should be included here. (250 word limit)**

**3. What are your career plans? Express how this experience would benefit you in the future and how this experience would better prepare you for your planned career. (250 word limit)**



2018 - 2019 Application  
**Chapter Leader Endorsement Form**  
Timmy Global Health Student Travel Support Fund

***Please print and give to a leader at your Timmy Global Health Chapter to complete.***

\_\_\_\_\_ (name of applicant) is applying for a scholarship through the Timmy Global Health Student Travel Support Fund, an initiative of the Timmy Global Health Scholarship Fund.

The **Timmy Global Health Student Travel Support Fund** is designed to provide financial support to traveling TGH students who require financial assistance to participate on their chapter-sponsored medical service trips. The TGH Student Travel Support Fund scholarship is a need-based scholarship that is awarded to students that show excellent potential or scholarship in the area of global health, as measured by their level of financial need, demonstrated interest in global health, previous service work, career plans, and Spanish-speaking ability. The scholarship will offset the cost of international travel for members of a Timmy Global Health Chapter, already accepted on a trip, who want to make a difference in the lives of others on their journey to becoming global health professionals. More information on this scholarship and Timmy Global Health can be accessed at [www.timmyglobalhealth.org](http://www.timmyglobalhealth.org).

This letter serves to endorse \_\_\_\_\_ (name of applicant) as a member of our University Chapter of Timmy Global Health. I certify that this student has been selected for our chapter's medical service trip in 2018-2019, and that they have agreed to fund the entire cost of the trip, should they not receive financial support from the Student Travel Support Fund.

Should you have questions for Timmy Global Health, feel free to reach out to Hannah Boyle, Global Health Fellow, at [hannah@timmyglobalhealth.org](mailto:hannah@timmyglobalhealth.org).

Name: (printed)

Signature:

Title:

Student Chapter:

Email/Phone Number:

(Optional) Additional Comments about this Applicant:

**Please return to student to include in their application submission**

