

Financial Support Request

Professional Development in Public Health Practice

1. Name [please print]: _____ UID: _____

Address: _____
Street City State Zip

2. **MPH Program:** _____
_____ DVM/MPH _____ Biostatistics _____ CBH
_____ Ergonomics _____ Environmental Health _____ Epidemiology
_____ Health Comm _____ General MPH for Professionals
_____ MSN/MPH _____ JD/MPH _____ MD/MPH
_____ PharmD/MPH _____ Policy

3. Name of Conference you wish to attend:

_____ APHA _____ IPHA _____ Other [specify] _____

Location _____ Dates of conference _____

Are you presenting at the conference? _____ Yes _____ No

4. Are you representing the College on a committee or sub-committee (e.g. of the American Public Health Student Association/APHA Student Caucus)? _____ Yes _____ No
Please specify _____

5. Anticipated Expenses:

Travel: \$ _____ Registration: \$ _____ Lodging: \$ _____

Other (specify): \$ _____

Sharing a room with: _____

6. Other sources of funding for this conference: _____

7. Have you received funding from the MPH Program in the past? _____ Yes _____ No

8. Please describe how your attendance at this meeting is relevant to public health practice [Use back of form if needed].

Please note:

This form is to be completed and delivered to the MPH Program office at least one month prior to the designated meeting you wish to attend.