

VNMAP Community Award Application

Eligible candidates must meet the minimum requirements and submit an application by the respective period deadline. Please name your document: "Last Name_First Name_VNMAP Scholarship_Year" and send the completed application as well as any questions or concerns to: Scholarship@VNMAP.org.

A. General Information

Full Name:

School:

Program:

Major/Concentration:

Anticipated Graduate Date:

VNMAP Membership: Yes No

of Years in VNMAP:

Project Name:

Amount of Funds Requesting: \$.

B. Community Involvement (100 words each)

Please provide a brief description on the types of events or projects you've been involved in, what positions you held and how many hours you've committed to each. You can include up to three (3) events:

Event/Project #1:

Event/Project #2:

Event/Project #3:

C. Essay

Provide a description of your project—explain why you need this community award, what the award will fund, what you hope to accomplish, an estimated timeline, and how your project help to improve the health of your community : (500 words)

D. Budget

Please attach an estimate line-item budget outlining your project expenses.