**VIVIAN F. LOWELL HEALTH SCIENCES AWARD**

**Purpose of Award**

To promote the development of undergraduate professionalism by recognizing those students who have made outstanding contributions to the department, university, and their chosen profession.

**Eligibility**

1. Must be a major in Public Health, or a Health Services Management-related major in the Department of Health Sciences and Social Work.

2. Must have a minimum of 30 semester hours at Western.

3. Previous recipients are eligible to apply.

**Award**

The award will consist of:

1. A one-time $750 cash award will be given to the recipient in the Fall semester.

2. A permanent departmental plaque recording the recipient's name and year of presentation.

**Selection**

Selection will be made by a committee of Health Sciences and Social Work faculty. A rating scale has been developed to evaluate the applications.

**Deadline**

Applications must be returned to the Department of Health Sciences and Social Work office in 402 Stipes Hall, by **May 4, 2018.**

**V. F. Lowell Professionalism Award Application**

Please respond to the following questions as completely as possible. Print or type your responses.

Neatness and clarity of responses will be considerations in selecting the recipient. Return this

application to the Department of Health Sciences secretary by **May 4, 2018.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Semester Hours Completed at Western: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accumulative Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe and reference your involvement in the following professionally-related areas as fully and clearly as possible. If there is some way to document your data please attach to the back of this form.**

**I. Professional Membership**

**A. Active membership in professional organizations. In space provided, indicate year of initial membership.**

\_\_\_\_\_\_\_\_ ASHA \_\_\_\_\_\_\_\_ NSC \_\_\_\_\_\_\_\_ ICFR \_\_\_\_\_\_\_\_ ACHA \_\_\_\_\_\_\_\_ APHA \_\_\_\_\_\_\_\_ IPHA \_\_\_\_\_\_\_\_ NCFR \_\_\_\_\_\_\_\_ NATA

\_\_\_\_\_\_\_\_ AAHPERD \_\_\_\_\_\_\_\_ IAHPER \_\_\_\_\_\_\_\_ ISOPHE

\_\_\_\_\_\_\_\_ SOPHE \_\_\_\_\_\_\_\_ NAS

Others: (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Membership in professional honorary organizations. In space provided, indicate year of initial membership.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eta Sigma Gamma (Pi Chapter)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phi Delta Kappa (Education)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Others – list

**II. Professionally Related Activities. Please describe and reference your involvement in professionally-related service in the following categories as fully and clearly as possible.**

**A. Attendance at Professional Meetings and Conferences.** Include name of conference(s), date(s), and location(s).

**B. Participant in Professional Program (chairman, panelist, etc.).** Include name of program(s), duties, date(s), and location(s).

**C. Offices held in Professional/Professional Honorary Organizations.** Include name of organization, office, and title held.

**D. Work with Health-related Agencies (AHA/CPR Instructor, ARC/Blood Mobile, Candy Striper, etc.).** Include name of agency, dates of service, and position or duties.

**E. Publications - articles.** Give complete bibliographic information.

**F. Speeches.** Indicate subject/date/place/for whom.

**G. Honors received.** List type/date/awarded by whom.

**III. Personal Statement.** Include any information you feel would help the scholarship committee to determine your eligibility and fit for this scholarship.