

NJSOPHE AWARDS & SCHOLARSHIPS

Dr. Karen Denard Goldman Academic Scholarship Application

Background Inform	ation			
Name	Phone Number			
Mailing Address				
Email Address				
Are you a current mem	nber of NJSOPHE	? Yes	No	
If yes, how long h	nave you been a i	member?		
Academic Informat	ion			
School, College or University	Location	Years Attended	Major	Degree Obtained
Did you graduate withi	in the last 2 years	s? Yes	No	
If yes, what was y	our overall GPA	?	_	
Professional History	У			
Please provide a copy of experience related to h	-	_	all relevant work	and volunteer
Personal Statement	t			
Please provide a perso pages) or video (under key lessons learned ba	5 min). Briefly s	tate your profess	sional goals and	describe

education experiences. Describe how you will use the scholarship funds to further

your academic/professional goals.

Reference

Please provide one letter of reference from an individual who is familiar with your professional skills and abilities. The reference letter should be from a professor, supervisor, or colleague who has worked with you on a health education project/activity. The reference letter can be sent separately but no allowances will be made for late or non-receipt.

Special Instructions				
Make sure to include the following documents:				
☐ This application ☐ Your current resume ☐ Personal statement ☐ Letter of reference				
Please note: Winners of the academic scholarship are aske within one year after receiving the award. The report should were used and any accomplishments, learnings or achiever	ld include how the funds			
If selected, I agree to provide a brief report within one y	ear of receiving the award.			
Signature	Date			
E-mail your completed application and required documen	ts to:			
Krista M. Reale				
njsopheawards@gmail.com				

Applications must be received by Friday October 13, 2023.