

## UNDERGRADUATE PUBLIC HEALTH RIEGELMAN SUMMER AWARD PROGRAM

### PROGRAM PURPOSE

To encourage undergraduate students to participate in and/or study public health issues through a hands-on experience in the field. To provide financial assistance each summer to an SPHHS undergraduate student enrolled in the GWU BS or BS/MPH Public Health programs to participate in a paid or unpaid summer internship in the public health field. This scholarship is intended to be used toward room, board, transportation and other miscellaneous expenses for the summer months.

Dr. Richard Riegelman is the Founding Dean of the School of Public Health and Health Services. He served as Dean for almost 6 years. He led the development of the School's undergraduate major in public health and is involved in expanding and promoting undergraduate public health throughout the country. Dr. Riegelman has graciously awarded funding to the undergraduate program for students who are pursuing public health field experience.

### AWARD AMOUNT

\$2,500

*Payable: \$2,000 no later than July 1; \$500 at the beginning of the fall semester and after receipt of the Employer Certification Letter.*

### INTERNSHIP REQUIREMENTS

- The internship must be in the field of public health. If there are any questions whether an internship qualifies, contact the Director of the Undergraduate Program in Public Health.
- The Internship must require student to work the equivalent of at least 40 hours per week for at least 6 weeks. Condensed or prolonged schedules must be pre-approved by employer *and* Director of the Undergraduate Program in Public Health.
- The activities of the internship must be substantive in scope and have educational value.
- The responsibilities of the internship may not include more than 20% administrative work.
- It is the sole responsibility of the student to obtain an internship. The award of this scholarship does not provide the actual internship assignment, nor does it guarantee that the student awarded the scholarship actually obtains an internship.
- If no appropriate internship in the Public Health field is completed, all award monies paid must be returned. If unforeseen events occur, student must contact Director, Undergraduate Program in Public Health immediately.
- This scholarship is not intended for students conducting independent research, independent study, thesis work, Service Learning requirements, or any other class where academic credit is received.

## ELIGIBILITY

- Student must be a rising junior or senior currently enrolled in the GWU BS or BS/MPH Public Health Program. It is the expectation of the School of Public Health and Health Services that the student receiving this award will return to GWU to complete their undergraduate program (or BS/MPH).
- BS/MPH students completing their senior year are eligible since they will be returning in the fall.
- Student must be in good academic standing at GWU.
- Student must secure a paid or unpaid internship in any public health subject area between May and August.
- Proof of internship/employment must be provided to the Director of the Undergraduate Program in Public Health no later than May 15th (or scholarship will be awarded to another student).
- A hard copy of the complete application must be submitted to Ross 106 by April 15th (incomplete or late applications will not be considered).

## SELECTION CRITERIA

- Educational value of proposed internship, with a focus on the specific tasks that will be completed by the intern.
- Strength of references.
- Strength of application essay.
- Connection of internship to public health.
- Academic performance.

## APPLICATION PROCESS

- Submit 1 copy of the completed application with required attachments by April 15th.
- Award Committee will review the applications received and announce recipient no later than May 1<sup>st</sup>.
  - Award Committee includes the Director of the Undergraduate Program in Public Health & two (2) SPHHS Undergraduate Faculty members.
- Finalists may be asked to participate in an interview once applications have been reviewed.
- A runner-up will be selected and may be offered the subsidy if the student originally selected for the subsidy does not have a confirmed internship offer by May 15th. If the runner-up does not have a confirmed internship offer by May 31th, a third recipient may be selected.

## APPLICATION REQUIREMENTS<sup>1</sup>

- Hard copy of the completed application
- 500 word essay
- Brief description of internship obtained or internship(s) being pursued.
- Brief explanation of intended use of scholarship monies (campus housing, other residence expenses, meals, transportation, general summer living expenses, summer travel, etc.)
- Resume or CV
- Copy of current transcript (unofficial acceptable)
- Verification of Internship.<sup>2</sup> An offer letter may be submitted or we can contact employer to confirm.

<sup>1</sup>Incomplete or late applications will not be accepted. Deadline is strictly adhered to.

<sup>2</sup>While part of the application process, this confirmation may be finalized after Award is accepted.

## APPLICATION DEADLINE: April 15th

**Please submit 1 hard copy of the completed application package to:**

**Elisse Brunori  
Executive Coordinator  
School of Public Health and Health Services  
Ross Hall, Suite 106  
2300 Eye Street, NW  
Washington, DC 20037**

Questions, contact Elisse Brunori at [ebrunori@gwu.edu](mailto:ebrunori@gwu.edu) or 202-994-0540

## UNDERGRADUATE PUBLIC HEALTH RIEGELMAN SUMMER AWARD PROGRAM

APPLICANT'S INFORMATION	
Name	
GWID	
Local Address  Home Address	
Email Address	
Best Contact Phone	
Academic Information	Date of anticipated Graduation: Current GPA:

INTERNSHIP INFORMATION	
Organization Name	
Contact Name/Title	
Address	
Contact Information	Phone: E-Mail:
Internship Status	Confirmed Internship?      Y      N
May we contact?*	Y      N (if no, please explain)

\* If we cannot contact to verify internship at the time of award, verification must be finalized no later than May 15<sup>th</sup>.

ALTERNATIVE INTERNSHIP *	
<i>(*Only complete this section if internship is not confirmed and more than one opportunity is being considered.)</i>	
Organization Name	
Contact Name/Title	
Address	
Contact Information	Phone: E-Mail:
May we contact?	Y N (if no, please explain)

REFERENCES		
1.	SPHHS Faculty Name	
	Contact Information	Phone:  Email:
2.	Previous Employer – Organization Name (may be a volunteer position)	
	Your Position/Title	
	Supervisor Name/ Title	
	Contact Information	Phone:  E-Mail:

ATTACHMENTS	
1.	<b>Short Essay-500 word maximum. Please address the following questions:</b> <ul style="list-style-type: none"> <li>• <b>How will you benefit from this internship experience?</b></li> <li>• <b>How is this internship related to your interest in public health?</b></li> <li>• <b>How will this scholarship allow you to pursue the internship opportunity?</b></li> </ul>
2.	<b>Brief description of internship obtained or being pursued.</b>
3.	<b>Brief explanation about how monies will be used i.e.- housing, meals, transportation, other living expenses, travel after internship...</b>

**APPLICATION DEADLINE: April 15th**

**Please submit 1 hard copy of the completed application package to:**

**Elisse Brunori  
Executive Coordinator  
School of Public Health and Health Services  
Ross Hall, Suite 106  
2300 Eye Street, NW  
Washington, DC 20037**

Questions, contact Elisse Brunori at [ebrunori@gwu.edu](mailto:ebrunori@gwu.edu) or 202-994-0540

**EMPLOYER CERTIFICATION LETTER**

To be completed by employer upon completion of the Internship.

Name of Student: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Contact Information: Office phone \_\_\_\_\_

Email \_\_\_\_\_

1. The above named student has worked at this organization for \_\_\_\_\_ weeks for \_\_\_\_\_ hours per week for the summer of 2011.

2. Did the above named student complete the terms of the internship to your satisfaction?

a. Yes \_\_\_\_\_

b. No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name & Signature

\_\_\_\_\_  
Date

**PLEASE ASK YOUR SUMMER EMPLOYER TO COMPLETE AND SIGN THIS FORM AT THE END OF YOUR INTERNSHIP. YOU MUST RETURN THE COMPLETED FORM TO THE DIRECTOR, UNDERGRADUATE PROGRAM IN PUBLIC HEALTH TO RECEIVE OUTSTANDING SUBSIDY.**