

Helen P. Cleary Scholarship Demonstrated Financial Need Form

The Society for Public Health Education (SOPHE) is accepting applications for the Helen P. Cleary Scholarship, funded by the National Commission for Health Education Credentialing, Inc (NCHEC). This scholarship funds an individual in a doctoral, master's or baccalaureate health education related degree program who wishes to pursue the national Certified Health Education Specialist (CHES[®]) examination.

As criteria for this award, potential recipients must provide evidence of financial need. To this end, we request the department chair or the financial aid officer of the applicant's institution complete this form and either stamp with the department/institution seal or attach to official institution letterhead. *Please return this form to the student to include with their application materials.*

| Student Information: | | |
|------------------------------------------------------|-------------------------|--------------------------------|
| Student's Name | | UndergraduateGraduate |
| Address | | |
| City | | |
| Phone (10 digit) | | |
| E-mail | | |
| Name of Academic Institution | | |
| Department | | |
| Degree sought | | |
| Verification of Financial Need: I, | | |
| financial aid officer) verify on | <i>(date),</i> that | |
| (student's name) sat | isfies the need for fin | ancial aid as determined by th |
| institution and can be considered for the Helen P. (| Cleary Scholarship whi | ch is intended for students |
| with a demonstrated financial need. | | |
| | | |
| (Sign Here) | | |
| PhoneE-Mail | | |
| Seal | | |
| | | |
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