



Helen P. Cleary Scholarship

For Certified Health Education Specialist Examination Financial Support
Faculty Sponsorship Form

Faculty Sponsor Contact Information:

Faculty Name: _____

Academic Institution: _____

Academic Department: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Student Information:

Student's Name: _____

Name of Student's Academic Degree or Program: _____

Expected Graduation date (Must be within 90 days of exam date): _____

Student's Level (check one): Undergraduate Masters Doctorate

Student is a Full-time student (9 hrs/semester or more): yes no

Student is currently in good academic standing: yes no

Student has excelled in health education-related courses: yes no

Student has been involved in health education research and/or practice yes no

Comment of support: (not to exceed 250 words)

 I attest that I support this student to receive the Helen P. Cleary Scholarship.

Signature:

Faculty Sponsor

Date

Please return this completed form to the student applicant so he/she may include it with his/her other application materials.

Helen P. Cleary Scholarship is administered by the Society for Public Health Education (SOPHE) and sponsored by the National Commission of Health Education Credentialing, Inc (NCHEC)