



2021-2022 Baltimore Public Health Scholarship Questionnaire

Be sure to review [program eligibility](#) requirements and [application procedures](#) on our website.

Name (print)

Program

Department

Name of High School

Date of Transcript Request

To support your application for the Baltimore Public Health Scholarship please attach your response to the following questions in a minimum of 200, maximum 400 words for each.

- 1) Tell us about your interest in public health.
- 2) Please tell us about your public health related experience including work and volunteer activities.
- 3) Please provide details on your involvement in any Baltimore City activities.
- 4) Upon completion of your degree, what impact would you like to have on the public's health?

I certify that the information on this form and attached is true and accurate. I understand that any misrepresentation may be cause for denial or revocation of the scholarship award.

Signature

Date

The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status or veteran status in any student program or activity administered by the University, or with regard to admission or employment.

Questions regarding Title VI, Title IX, and Section 504 should be referred to the Office of Institutional Equity, Garland Hall 130, Telephone: 410- 516-8075, (TTY): 410-516-6225.

01/2019

Financial Aid Office

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