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 a Milken Institute School of Public Health 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. 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

$1,500

Payable: $1,000 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 currently enrolled in the GWU BS or BS/MPH Public Health Program. It is the expectation of the Milken Institute SPH 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).
- Electronic or hard copy of the complete application must be submitted to Meaghan Wilson, 950 New Hampshire Avenue, NW, 2nd Floor 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 1st.
- 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 31st, a third recipient may be selected.

APPLICATION REQUIREMENTS¹

It is the policy of the Milken Institute School of Public Health not to discriminate on the basis of age, sex, disability, race, color, religion, ethnic/national origin, veteran status or sexual orientation in the award of this subsidy.
• Completed application (electronic or hard copy MUST be received by April 15th)
• 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.² An offer letter may be submitted or we can contact employer
to confirm.

¹Incomplete or late applications will not be accepted. Deadline is strictly adhered to.
²While part of the application process, this confirmation may be finalized after Award is accepted.

APPLICATION DEADLINE: April 15th

Please submit completed application (email or hard copy) package to:

Meaghan Wilson
Undergraduate Advisor
meaghanwilson@email.gwu.edu
Milken Institute School of Public Health
The George Washington University
950 New Hampshire Avenue, NW, 2nd floor
Washington, DC 20052

Questions, contact Meaghan Wilson at meaghanwilson@email.gwu.edu or 202-994-9049

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# Milken Institute School of Public Health

**THE GEORGE WASHINGTON UNIVERSITY**

## 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 15th.

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### ALTERNATIVE INTERNSHIP *

(*Only complete this section if internship is not confirmed and more than one opportunity is being considered.*

<table>
<thead>
<tr>
<th>Organization Name</th>
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<tbody>
<tr>
<td>Contact Name/Title</td>
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<td>Address</td>
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<tr>
<td>Contact Information</td>
<td>Phone:</td>
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<td>E-Mail:</td>
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<tr>
<td>May we contact?</td>
<td>Y  N (if no, please explain)</td>
</tr>
</tbody>
</table>

### REFERENCES

1. Milken Institute SPH
   - 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: 
     - Email: 

### ATTACHMENTS

1. **Short Essay-500 word maximum. Please address the following questions:**
   - How will you benefit from this internship experience?
   - How is this internship related to your interest in public health?
   - How will this scholarship allow you to pursue the internship opportunity?

2. **Brief description of internship obtained or being pursued.**

3. **Brief explanation about how monies will be used i.e.- housing, meals, transportation, other living expenses, travel after internship...**

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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 2013.

   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.

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