**2024 Global Health Systems Summer Institute (GHSSI): Non-credit Scholarship Application Form**

Offered by the Health Systems Program in the Department of International Health

Johns Hopkins Bloomberg School of Public Health

**Eligibility:** we provide partial scholarships of $437 per credit to all non-credit participants. Participants do not need to fill out a scholarship application to receive the partial scholarship, it will be automatically be applied upon registration. This application is for consideration for a full scholarship only. We will provide a very select number of full scholarships. In order to be considered for a full scholarship, applicants must meet the following criteria: be from a low- or middle-income country, be currently residing in a low- or middle-income country, have worked in public health in these settings, and currently work for an organization unable to to cover the costs of participation or are currently unemployed.

The scholarship is only available for students taking the courses for non-credit. Non-credit students do not receive a transcript or grade, however, we do provide certificates of completion for all non-credit students that qualify.

**2024 GHSSI Dates:** May 28–August 2, 2024

**Application deadline:** Applications are due by 11:59 p.m. EDT on Friday, April 26, 2024. Applications will be reviewed shortly after and applicants will be notified of their status in May.

**Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last Name

What organization do you currently work for (include name of academic institution if currently a student)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position or title (if a student, list the degree program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any financial support from your employer to take these courses? Yes \_\_\_ No \_\_\_

Other (explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* This will be the email we use to notify you of your acceptance of a scholarship, if applicable*

Please list in priority order below (with 1 as highest priority) the course(s) you intend to take. Please note that the scholarship is only available for one course per participant. A full schedule of the courses can be found [here](https://publichealth.jhu.edu/academics/global-health-systems-summer-institute/course-offerings-and-schedule).

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe why you want to attend the GHSSI. Please tell us in 100 words or less what work you have been doing and why you want to attend a course offered by the GHSSI. Please include how it relates to your future career goals.

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How did you hear about the GHSSI?

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**Electronic submission:** Please send this application and your CV/resume as separate email attachments to the GHSSI coordinator, Melissa Reed, at [melissar@jhu.edu](mailto:melissar@jhu.edu).

**Special needs:** If you have special needs or required disability assistance, please notify the GHSSI coordinator via email at [melissar@jhu.edu](mailto:melissar@jhu.edu)

My signature below certifies that:

* The information I have given in this application is correct.
* I meet the eligibility requirements as stated above.
* I am intending to participate in the GHSSI as a non-credit student, not for academic credit

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_