



# FUTURE LEADERS PROGRAM

## Application | FALL 2022

The Future Leaders program is an initiative by the Western Region Public Health Training Center (WRPHTC) to support students conducting applied public health experiences by providing training and funding during the course of their projects. The WRPHTC will provide stipends to support students accepted into the Future Leaders program through support from the Health Resources and Services Administration (HRSA).

Students that are accepted into the Future Leaders program will participate in a Community of Public Health Practice to engage with other students across the region to compare field experiences, learn from each other, and participate in competency-based training that will support their entrance into the public health workforce.

Please be sure to read the Student Guide thoroughly before applying to ensure you are eligible and willing to complete all program requirements.

### STUDENT INFORMATION:

FULL NAME:	<input type="text"/>	<input type="text"/>	BIRTH DATE:	<input type="text"/>		
	<i>First Name</i>	<i>Last Name</i>		<i>(mm/dd/yyyy)</i>		
ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<i>Street Address</i>	<i>Apt/Unit #</i>	<i>City</i>	<i>State or Country</i> <i>Zip Code</i>		
CONTACT:	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<i>Student Email</i>	<i>Personal Email</i>	<i>Phone Number</i>			
SCHOOL:	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<i>University/Institution</i>	<i>Field of Study</i>	<i>Expected Graduation Date</i>	<i>(mm/dd/yyyy)</i>		
ENROLLMENT STATUS:	<input type="checkbox"/> Full-time	GENDER:	<input type="checkbox"/> Female	ETHNICITY:	<input type="checkbox"/> Hispanic/Latino	
	<input type="checkbox"/> Part-time		<input type="checkbox"/> Male		<input type="checkbox"/> Non-Hispanic/Non-Latino	
			<input type="checkbox"/> Nonbinary		<input type="checkbox"/> Prefer not to answer	
RACE:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

\*Demographic data is collected to ensure our opportunities are reaching a diverse student population. Acceptance will be based on the project details.



Arizona  
Nevada  
California  
Hawaii  
Pacific Islands  
**WESTERN REGION  
Public Health  
Training Center**

Western Region Public Health Training Center  
University of Arizona Mel and Enid Zuckerman  
College of Public Health  
1295 N Martin Ave, PO Box 245163 | Tucson, AZ 85719  
[wrphtc.arizona.edu](http://wrphtc.arizona.edu) | [wrphtc@arizona.edu](mailto:wrphtc@arizona.edu)



### ELIGIBILITY:

WHAT TYPE OF SCHOOL ARE YOU ENROLLED IN?  
(CHECK ALL THAT APPLY.)

*\*Only community college students in the US-Affiliated Pacific Islands are eligible.*

- Community College
- Tribal College/University (TCU)
- University

WHAT YEAR IN SCHOOL WILL YOU BE DURING THE  
2022-2023 SCHOOL YEAR?

- Community College Student
- Undergraduate Junior/Senior
- Graduate or Doctoral Student

ARE YOU A U.S. CITIZEN, U.S. NATIONAL, OR AN ELIGIBLE  
NONCITIZEN?

*Eligible noncitizens include U.S. permanent residents with a Permanent Resident Card (I-551) or conditional permanent residents with a Conditional Green Card (I-551C), and residents of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.*

- Yes, I am a U.S. citizen or U.S. national
- No, I am an eligible noncitizen.
- No, I am not a citizen or eligible noncitizen.

WHAT TYPE OF FIELD EXPERIENCE ARE YOU PLANNING?

- Field Placement Project
- Faculty-Student Collaborative Project

### PROJECT INFORMATION:

PROJECT TITLE:

PROJECT DATES:

*Start Date (mm/dd/yyyy)*

*End Date (mm/dd/yyyy)*

TOTAL  
HOURS:

ORGANIZATION OR  
COMMUNITY PARTNER:

ADDRESS:

*Street Address*

*City*

*State or Country*

*Zip Code*

SUPERVISOR:

*First Name*

*Last Name*

*Job Title*

*Email*

*Phone Number*

HOW DOES THIS PROJECT  
RELATE TO YOUR ACADEMIC  
AND/OR CAREER INTERESTS?



## PROJECT PLAN:

### PROJECT GOAL STATEMENT:

Please provide a comprehensive goal statement for your project. This statement should be 1-2 sentences and should describe the overall outcome the student expects upon completion of the project (i.e., how will this project impact or help improve health outcomes for the target population?)

### CLEARLY DEFINE YOUR TARGET POPULATION:

Provide 3 objectives for your project and the activities that will be taken to accomplish each objective. These objectives should be related to what the student hopes to accomplish or deliver as part of the project.

#### Objective 1:

#### Activities:

#### Anticipated Completion Dates:

#### Objective 2:

#### Activities:

#### Anticipated Completion Dates:

#### Objective 3:

#### Activities:

#### Anticipated Completion Dates:

STUDENT  
SIGNATURE:

*signature*

DATE:

*mm/dd/yyyy*

SUPERVISOR  
SIGNATURE:

*signature*

DATE:

*mm/dd/yyyy*

**SUBMIT COMPLETED APPLICATION VIA EMAIL TO [WRPHTC@ARIZONA.EDU](mailto:WRPHTC@ARIZONA.EDU).**