FUTURE LEADERS PROGRAM | APPLICATION

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:

First Name　　*Last Name*

BIRTH DATE:

(mm/dd/yyyy)

PREFERRED PRONOUNS:

ENROLLMENT STATUS: ☐ Full-time ☐ Part-time

ADDRESS:

Street Address　　*Apt/Unit #*　　*City*　　*State or Country*　　*Zip Code*

CONTACT:

Student Email　　*Personal Email*　　*Phone Number*

SCHOOL:

University/Institution　　*Field of Study*　　*Expected Graduation Date (mm/dd/yyyy)*

ETHNICITY:
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Prefer not to answer

RACE:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other

WESTERN REGION
Public Health
Training Center

Arizona
Nevada
California
Hawai'i
Pacific Islands

Western Region Public Health Training Center
University of Arizona Mel and Enid Zuckerman
College of Public Health
wrphtc.arizona.edu | wrphtc@arizona.edu

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WESTERN REGION Public Health Training Center

Arizona
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California
Hawai'i
Pacific Islands

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 2025–2026 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
- [ ] Yes, 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?

WESTERN REGION
Arizona
Nevada
California **Public Health**
Hawai'i
Pacific Islands **Training Center**

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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.