Applicant Name (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? [ ] Yes [ ] No

Are you a member of a diverse group? (as listed in the scholarship announcement) [ ] Yes [ ] No

Name of accredited Minnesota university or college enrolled/attending during the 2024-2025 academic year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of degree-seeking program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree type: [ ] Associate [ ] Bachelor’s [ ] Master’s [ ] Doctoral

Year in degree: [ ] First Year [ ] Second Year [ ] Third Year [ ] Fourth Year

Home address (Address, City, State, Zip Code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If awarded the Alisha Odhiambo Scholarship, I commit to the following: (please indicate your commitment by checking each of the boxes below)

[ ] I will use the $10,000 scholarship for tuition, books, fees, and expenses necessary for school attendance only.

[ ] I will attend the Alisha Odhiambo Scholarship Awardee Celebration at Blue Cross and Blue Shield (BCBS) of Minnesota during October Health Literacy Month.

[ ] I agree to be filmed and/or photographed by BCBS of Minnesota and the Minnesota Health Literacy Partnership for use in scholarship award announcements and promotion.

[ ] I will become a member of the Health Literacy Partnership. Membership is currently free of charge.

[ ] I will attend at least 2 Minnesota Health Literacy Partnership meetings during the academic year. Meetings are virtual.

[ ] I will complete the IHA Health Literacy Certificate by Dec. 31, 2024.

[ ] I will complete an internship with the Minnesota Health Literacy Partnership and acknowledge/agree to the following:

* The internship will be predominantly remote/virtual.
* The duration of the internship will be no less than the length of an academic semester and will start on January 15, 2025, and end on May 18, 2025. There is an option to extend the internship into the summer if desired and agreed upon by both the scholar and mentor (direct report).
* The time commitment for the internship will be 10-15 hours a week.
* The scholar and mentor (direct report) will meet virtually prior to the start of the internship to determine days of the week and times that will work within the scholar’s school/work schedule and to discuss/brainstorm the health literacy practice or research project that will be worked on during the academic semester. This project can potentially be used to fulfill requirements of the scholar’s academic degree (e.g., work or research experience, thesis paper).
* The scholar will meet for Scholar: Mentor Check-Ins and submit a log of all hours worked on a biweekly basis.
* The scholar will notify the mentor (direct report) by email or phone for any time off for vacation or due to sickness or medical reasons. Vacation time must be approved by the mentor (direct report).
* At the end of the internship period, the scholar will submit a final paper to the mentor (direct report) on the scholar’s internship project and present those results at one of the Minnesota Health Literacy Partnership meetings.

By signing this application, I hereby declare that the information provided above is true and correct. Any willful dishonesty will result in disqualification of this application.

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Signature Today’s Date (mm/dd/yyyy)