



Student Declaration of Interest/Inquiry Health of Agricultural Populations Emphasis Area

1. Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Undergraduate/year/major/location:

Graduate/profession/year/major/location:

2. Enrollment Status:

M.P.H Part Time Dr.PH. Part Time Ph.D. Part Time

M.P.H Full Time Dr.PH. Full Time Ph.D. Full Time

3. Interest Area (Check 1):

A. Limited funding for capstone projects, practicum projects, travel to professional meetings and data collections.

B. Stipend support (Must be a U.S. citizen or permanent resident, and enrolled full time.)

C. Unsure at present time.

4. Your department of concentration in College of Public Health:

Health Services Management

Gerontology

Epidemiology

Health Behavior

Environmental Health

Undecided and/or multiple (check those that apply)

Biostatistics

5. Date of anticipated enrollment in UK College of Public Health: _____
6. Anticipated date of graduation: _____
7. Check if you have completed any of the following courses as of August 19, 2009:
- Basic epidemiology course Injury control course Agricultural health or safety course
8. Describe any work experience/lifestyle experience with rural and agricultural populations (e.g., grew up on a farm, worked with agricultural populations previously.)
9. Describe any current or anticipated tuition/scholarship/stipend awards that you will be receiving or have received for the academic year August 2009 to May 2010 (i.e., graduate assistantships, Lyman T. Johnson Awards, Commonwealth Incentive Awards, tuition waivers, tuition scholarships, etc.) Please list amounts by semester.
10. Please list any questions you have regarding either of the two opportunities for funding assistance.
11. (Optional) Describe any other unique items in your background or interest area that are not covered by the previous questions.

Mail, fax, or electronically transmit completed form to:

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