



# ONE HEALTH STUDENT COMMITTEE WORLD ONE HEALTH CONGRESS SCHOLARSHIP Application Form

## Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First*

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

Program of Study: \_\_\_\_\_

## Applicant Statement

*In the space provided, briefly answer the following questions.*

Describe your interest in One Health and how this aligns with your program of study.

Describe your intention for a continued career in One Health.

Describe any additional qualifications and/or experiences related to One Health.

How do you feel you will benefit from attending the World One Health Congress?

Are you willing to share your congress experience via OHSC social media and/or written article? YES / NO

## Declaration & Signature of Applicant

*I have given complete and true information on this application form and in the required supporting documentation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_