**Boston Alliance for Community Health Scholarship/Stipend Application**

**For use by neighborhood residents**

Applicant Information

Name:

Address:

Telephone:

Email:

Partner Organization:

Name and date of last training or course you attended:

Workshop/Training Information

Title:

Organization:

Location:

Length of Course:

Brief Description:

Scholarship amount requested:

Personal Statement

1. Please describe how you will benefit from attendance at this training or workshop
2. How will the training help you address one or more of the five strategic issues adopted by BACH in your community?
3. How will you share the information learned with your community?
4. Please provide a letter of support from a partner organization.