



## Master of Public Health Practicum Travel Fellowship Application

Please submit completed application to [chm.mph\\_advising@msu.edu](mailto:chm.mph_advising@msu.edu) with all other proposal requirements.

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_@msu.edu  
 Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 MPH Cumulative GPA: \_\_\_\_\_ MPH Advisor: \_\_\_\_\_  
 Practicum Experience Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Planned Enrollment Semesters for: HM 891 \_\_\_\_\_ HM 892 \_\_\_\_\_  
 Experience Dates: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

**Please provide a brief personal statement explaining why you feel you should be awarded a practicum travel fellowship.** In your statement, please address the following: 1) why you selected this practicum experience and 2) how this experience supports and enhances your educational and/or professional interests and fits into your program of study. Practicums – both domestic and international – are eligible; however, students traveling for a domestic practicum experience are expected to articulate the details of the amount of travel expected for their practicum, as awards will only be granted for travel above and beyond what is expected for a typical practicum experience. Please include a proposed budget using the MPH Practicum Travel Fellowship Budget Worksheet. Attach another sheet if necessary.