**INSTRUCTIONS**

Thank you for your interest in the Wray Jackson Smith Scholarship! This **scholarship of $1,000.00 can be used for activities** like the following:

* Attendance at a conference, short course, or long course.
* Travel to a conference.
* Purchase of books, software, data sets, or other supporting materials for research projects.

Please note the Wray Jackson Smith Scholarship **eligibility requirements**:

* Bachelors degree or equivalent; and
* Participation in the advancement of government statistics, whether as a government employee, researcher under government contract or using government statistics, or student involved with government statistics.

To apply, you will **need the following**:

1. A completed **application** form (please do not substitute resume for application).
2. Project **proposal** (to be submitted with the application).
3. Two **reference letters** (only two, please).

**All materials must be** **sent** by May 1, 2019 to [kkonty@health.nyc.](mailto:kkonty@health.nyc.)gov **or:**

Wray Jackson Smith Scholarship Committee

c/o Kevin Konty

NYC Dept of Health and Mental Hygiene

836 Union St. #2

Brooklyn, NY 11215

***Good luck!***

The 2019 Wray Jackson Smith Scholarship Committee

*Jenny Guarino, U.S. Department of Transportation*

*Howard Hogan, U.S. Census Bureau*

*Kevin Konty, New York City Department of Health and Mental Hygiene (Chair)*

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY | | | |
| AS OF APRIL 1, 2019, THIS APPLICATION IS: | | COMPLETE  INCOMPLETE | |
| THE FOLLOWING MATERIALS WERE RECEIVED: | | APPLICATION (INCLUDING  SIGNATURE) | |
| PROPOSAL | REFERENCE 1: *Type Name* | | REFERENCE 2: : *Type Name* |

1. **APPLICATION FORM**

**PERSONAL DATA**

|  |  |
| --- | --- |
| **Name:** | *Click here to enter text.* |
| **Current Address:** | *Click here to enter text.* |
| **Alternate/Summer Address :** | *Click here to enter text.* |
| **Telephone Number:** | *Click here to enter text.* |
| **Email Address** : | *Click here to enter text.* |
| **Professional Development**  **(check one):** | Graduate Student  Government Employee  Other *(click to explain here)* |
| **Honors and Awards:** | *Click here to enter text.* |
|  | *Click here to enter text.* |
|  | *Click here to enter text.* |
|  | *Click here to enter text.* |

**RELEVANT EDUCATION:** *Please complete the information requested for all universities or college at which a relevant degree was received or relevant courses were completed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name** | **School Location** | **Degree Received** | **Dates of Attendance** | | **Comments** |
| ***From:*** | ***To:*** |
| *Click here to enter text.* | *Click here to enter text.* | Choose an item. | *Click here to enter a date.* | *Click here to enter a date.* | *Click here to enter text.* |
| *Click here to enter text.* | *Click here to enter text.* | Choose an item. | *Click here to enter a date.* | *Click here to enter a date.* | *Click here to enter text.* |
| *Click here to enter text.* | *Click here to enter text.* | Choose an item. | *Click here to enter a date.* | *Click here to enter a date.* | *Click here to enter text.* |

**RELEVANT EMPLOYMENT HISTORY:** *Include any employment, cooperative work, summer work, and research experience related to government statistics. Please list all government employment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Address** | **Nature of Your Responsibilities** | **Dates of Employment** | | **Government Job?** |
| ***From:*** | ***To:*** |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter a date.* | *Click here to enter a date.* | Yes/No |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter a date.* | *Click here to enter a date.* | Yes/No |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter a date.* | *Click here to enter a date.* | Yes/No |

**REFERENCES:** *List names, affiliations, phone numbers, and email addresses of the two professionals sending letters of recommendation.* ***Do not send more than two letters.***

|  |  |  |
| --- | --- | --- |
|  | **REFERENCE 1:** | **REFERENCE 2:** |
| **Name:** | *Click here to enter text.* | *Click here to enter text.* |
| **Affiliation:** | *Click here to enter text.* | *Click here to enter text.* |
| **Telephone Number:** | *Click here to enter text.* | *Click here to enter text.* |
| **Email Address** : | *Click here to enter text.* | *Click here to enter text.* |

**AUTHORIZATION: *Please sign and date below.***

I authorize the circulation of the documents I have submitted or which have been submitted on my behalf, to those parties who are involved in the selection process.

*Type Your Name and sign).* *Click here to enter a date.*

**2. PROPOSAL**

**INSTRUCTIONS:** *Please include your proposal as a separate document and submit with this application. Proposals should be fewer than three pages long. Your proposal should clearly outline the activity and its benefit to government statistics. Your proposal should also include a budget of costs associated with the activity and a timeline for completion of the activity. Proposals will be judged on quality of proposed activity, relevance of activity to government statistics, innovation/ingenuity of activity (for research proposals), and feasibility of completion of activity.*

**3. REFERENCE LETTERS**

**APPLICANT:** *Please complete the section below before transmitting this cover page to your reference. Complete one cover page for each reference. Please do not submit more than two references.*

|  |  |
| --- | --- |
| **Name:** | *Click here to enter text.* |
| **Current Address:** | *Click here to enter text.* |
| **Telephone Number:** | *Click here to enter text.* |
| **Email Address** : | *Click here to enter text.* |

**REFERENCE PROVIDER:** *Please complete the section and instructions below.*

|  |  |
| --- | --- |
| **Name:** | *Click here to enter text.* |
| **Affiliation:** | *Click here to enter text.* |
| **Telephone Number:** | *Click here to enter text.* |
| **Email Address** : | *Click here to enter text.* |

**INSTRUCTIONS:** *In a separate document, please provide information on the professional and personal qualifications of the applicant. In particular, please comment on, or assess, the candidate’s ability to contribute to the field of statistics in general and government statistics in specific. Materials must be sent**by* ***April 1, 2019*** *to* [*kkonty@health.nyc.gov*](mailto:kkonty@health.nyc.gov)***or*** *Wray Jackson Smith Scholarship Committee, c/o Kevin Konty, 836 Union St #2, Brooklyn, NY 11215.*