Leonard A. Levy, DPM, MPH Podiatric Health Section Award
Application Form

Student/Resident Name: ______________________________________________

Podiatric Medical College (student and resident applicants): ____________________________

Residency Program Name (resident applicants only): ____________________________

________________________________________________________________________________________

APHA Member Number: ____________________________________________________________

The completed application (submitted to the POD Section Chair) includes:

☐ This completed form;

☐ A 500 word statement regarding performance and involvement in the field of public health including:
  o A description of your interest in and dedication to public health;
  o An explanation of which of your experiences you found to be the most satisfying and why; and,
  o An explanation of the influence you think your experience will have on your future.

☐ Two letters of support including at least one (1):
  o Faculty member in a podiatric medical college or a health care facility affiliated with it; or,
  o Public health professional supervising the student or resident at an organization engaged in public health practice.

☐ Podiatric medical college transcript (for both student and resident applicants);

☐ Letter indicating good standing from:
  o Podiatric medical college (student applicants); or,
  o Residency program (resident applicants);

☐ Assessment from residency program (for resident applicants only)

☐ Additional assessment comments from residency program can be combined with letter indicating good standing.

The awardee will receive a cash gift in the amount of $3,500. Submit completed applications and all materials by August 15, 2020 to:

Nell Blake, DPM
APHA POD Section Chair
nvblake@comcast.net

Note: The APHA POD Section Leadership is responsible for administering this award. Contact the POD Section Chair with any questions.