Community Health Worker (CHW) Certification Assessment Fee Scholarship Application

This scholarship exclusively covers the $100 Community Health Worker (CHW) Certification Assessment Fee and cannot be applied toward any other certification costs.

The purpose of the scholarship is to reduce financial barriers for individuals seeking CHW certification and to support the continued development of the Community Health Worker workforce.

Please complete all sections of this application.

Applicant Information

Full Name: _____

Preferred Email Address: _____
Please provide an email address you check regularly and can access independently, including after any employment changes. Scholarship notifications and related communications will be sent to this address.

Phone Number: _(____)_____

City/Town: _____

Employment / Organization Information

Current Employer or Organization (if applicable):

_____

Job Title/Role (paid or volunteer):

_____

Supervisor (if applicable):

_____

How long have you worked or volunteered in a CHW or CHW-related role?

_____

Scholarship Questions

1. What inspires you to become a certified Community Health Worker and in what ways will it enhance your work?

Please tell us why CHW certification is important to you and how it relates to your personal or professional goals.

2. What barriers, financial or otherwise, could prevent you from obtaining CHW certification?

Please describe any barriers that may make it difficult for you to complete the certification process, including whether the **$100 assessment fee** would create a financial hardship.

3. How are you supported by your employer or organization in pursuing CHW certification?

Examples may include encouragement, supervision, mentorship, training opportunities, scheduling flexibility, or other professional support.

4. Is your employer or organization willing and able to pay the $100 CHW Certification Assessment Fee?

☐ Yes, my employer/organization can pay the full $100 assessment fee.
☐ My employer/organization can pay a portion of the assessment fee.
☐ My employer/organization supports my certification but is unable to pay the assessment fee.
☐ I am not currently employed by or affiliated with an organization that can pay the assessment fee.
☐ Other: _____
If your employer or organization can pay a portion of the fee, please indicate the amount:
Organization Contribution: $_____

Applicant Certification

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that this scholarship provides financial assistance **only toward the $100 CHW Certification Assessment Fee** and does not provide funding for training, transportation, lost wages, childcare, technology, or other expenses.

I understand that submitting an application does not guarantee a scholarship award and that awards are subject to eligibility and available scholarship funds.

Applicant Signature: _____

Date: _____

For Scholarship Committee Use Only

Date Application Received: _____

Application Status:
☐ Approved
☐ Partially Approved
☐ Not Approved
☐Deferred

Assessment Fee Scholarship Award: $_____

Notes:

Reviewed By: _____

Date: _____