

NEHA/AAS SCHOLARSHIP APPLICATION 2011

NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION

1. Name (Last, First, Middle, Initial): _____

2. Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail address: _____

3. Marital Status: _____ Single: _____ Married: _____ Divorced: _____ Widowed: _____

4. Who is dependent on your support?

Name	Age	Relationship
❖ _____		
❖ _____		
❖ _____		

5. A. Are you an active member of the National Environmental Health Association (NEHA)?

Yes: ___ Number of consecutive months of membership: _____

No: ___

B. Are you an active member of a NEHA affiliate (circle one)? YES NO

Yes: ___ Affiliate Name: _____

Number of Consecutive months of membership: _____

No: ___

6. Education (please list most current first, ending with High School):

School	Major	Dates	Degree

Year and date of expected graduation from current program: _____

7. Employment history of last two employers (please list present employer first):

Employer	Years Employed
1. _____	
2. _____	

Brief description of responsibilities: _____

8. Approximate expenses per school year:

Tuition: _____ Books: _____ Fees: _____

Room & Board: _____

9. Financial assistance from any other sources (including parents):

Name	Amount	Description
-------------	---------------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Any additional pertinent information: _____

11. Are you applying for an Undergraduate or Graduate scholarship? (Circle one) Undergraduate Graduate

If you are an undergraduate, is your school accredited with EHAC? (Environmental Health Accreditation Council)
(Circle one)

Yes

No

If yes, which accredited school do you attend? _____

Is your school an Institutional/Educational or Sustaining member of NEHA? (Circle one)

Yes

No

12. Please write a short summary of your professional goals and include your reasons for pursuing a career in environmental health and/or public health (attach additional page if necessary - 200 words or less).

13. Please list civic groups and other community activities of which you are a member. Also, note any special honors received.

We will only accept original documentation for all NEHA/AAS Scholarship Applications. **If all documents are not original, your application will not be considered in the application process.**

14. A. **Undergraduate:** Please attach two (2) letters of support from faculty of accredited college or college maintaining NEHA Institutional/Educational or Sustaining membership in which you are currently enrolled, and one (1) letter of support from an active NEHA member. **Remember** to specifically note which letter is from a current NEHA member (a total of 3 letters from different people **must** be received).

B. **Graduate:** Please attach two (2) letters of support from faculty of a recognized college or university with a declared curriculum in environmental health sciences and/or public health, in which you are currently enrolled, and one (1) letter of support from an active NEHA member. **Remember** to specifically note which letter is from a current NEHA member (a total of 3 letters from different people **must** be received).

C. **Important:** The applicant, in one orderly application submission, must mail **all** components of the application to NEHA. **Nothing** is to be sent separately.

15. Please attach a sealed copy of your official transcripts from the school in which you are currently enrolled.

16. The National Environmental Health Association (NEHA) prohibits any discrimination in employment or in the administration of any program or service offered by NEHA on the basis of race, color or national origin. Furthermore, this policy prohibits any discrimination on the basis of gender, age, physical handicap, religious affiliation or sexual orientation.

NEHA provides a Drug-Free work place in accordance with 45 CFR 76 and is a smoke-free workplace. NEHA is in full compliance under federal law with the Civil Rights act of 1964 and all other relevant statutes pertaining to and prohibiting discrimination.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Important: The complete application must be received by the stated deadline or your application will not be eligible for review.

Deadline for applications is February 1st, 2011

Send applications to:

Laura Brister, NEHA Liaison
NEHA/AAS Scholarship
720 S. Colorado Blvd., Ste. 1000-N
Denver, CO 80246-1926
Internet: www.neha.org