

# NEHA/AAS SCHOLARSHIP APPLICATION 2018

## 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: \_\_\_\_\_



**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. Only original documents will be accepted.*

## **Deadline for applications is March 15, 2018**

Send applications to:

**Jonna Ashley**  
**NEHA/AAS Scholarship**  
**720 S. Colorado Blvd., Ste. 1000-N**  
**Denver, CO 80246-1926**  
**jashley@neha.org**