



# Florida Environmental Health Association

Protecting and promoting the health & safety of Florida's residents and visitors

Since 1947

## Annual Education Meeting Student Scholarship Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

What degree are you seeking: Associates Bachelors Masters Certificate Non-Degree

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Please tell us how your attendance at the FEHA AEM will enhance your education in environmental health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your economic hurdles that will prevent you from attending the FEHA AEM if you are not awarded this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to gain from your attendance at the FEHA AEM?**

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**Do you have anything else that the scholarship committee should consider when making a decision on your scholarship application?**

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**Scholarship recipients may be called upon to volunteer at the FEHA AEM during times when they are not in learning sessions. Do you agree to volunteer if you are awarded this scholarship? YES NO**

**By signing this application you understand that scholarship recipients will receive full admission to the FEHA AEM and all classes with the exception of CPO and the RS Test. Scholarship does not include travel, lodging or additional meals not included in the Full AEM Admission. You also understand and agree that by accepting this scholarship that you will be in attendance at the AEM for the duration of the event.**

**Print Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_**