



# FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION

## 2021 Educational Scholarship Application

(Attach additional sheets if necessary)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Middle** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # [home] (\_\_\_\_) \_\_\_\_\_ [work] (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_

FEHA Member Number \_\_\_\_\_ FEHA Member Since \_\_\_\_\_ FEHA District \_\_\_\_\_

**Name of College/University** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Advisor \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Declared Major or Course of Study \_\_\_\_\_

Degree Type: Bachelor's  Master's  Other  \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**Current Place of Employment** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Position Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**What Are Your Career Goals? (you may also include your career history)** \_\_\_\_\_

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**Why Do You Desire This Scholarship?** \_\_\_\_\_

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**List Your Achievements, Involvement in Organizations, etc:** \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit **two** letters of recommendation (from an employer, colleague, professional affiliate, etc.), proof of enrollment and major/course of study, and official transcripts with GPA.

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All application materials must be received by the FEHA Scholarship Committee no later than **Oct. 10th, 2021**. Send completed applications to: **FEHA Scholarship Committee, Trisha Dall, 702 Dixie Street, Crestview, FL 32536**

For further information, please e-mail the Scholarship Committee at [Info@FEHA.org](mailto:Info@FEHA.org)