

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

Affiliated with the National Environmental Health Association

P.O. Box 234
Columbus, OH 43216
www.ohioeha.org



George Eagle Memorial Scholarship Application Graduate Program

Name _____ Email Address _____
Last First (MI)

Home Address _____
Street City State Zip

Name/Address of College or University now attending:

Major/ Program _____ G.P.A. _____

How long have you been enrolled, and how many years until graduation? _____

Organizations/Clubs/Activities: _____

Marital Status _____ # of Dependents _____ Resident of the State of Ohio N / Y

Home Phone # () _____ Daytime Phone # () _____

Work Experience

Applicant must have at least 3 years of work experience in the Environmental Health Field.

Name / Address of current employer _____

Contact Person _____ Phone _____

Employment Dates: From _____ to _____ Title: _____

Scope of work performed _____

Name / Address of previous employer _____

Contact Person _____ Phone _____

Employment Dates: From _____ to _____ Title: _____

Scope of work performed _____

References

1. Name _____ Occupation _____

Address _____

2. Name _____ Occupation _____

Address _____

3. Name _____ Occupation _____

Address _____

(Submit letters of recommendation for each reference)

Income

Sources of Income _____ Amount _____

What are your career plans? _____

Why should you receive the scholarship award?

Instructions

1. Submit this application, your college transcripts and three letters of reference.
2. Send to the address listed below by February 28 or the closest working day.

I intend to be employed in Environmental Health in Ohio following graduation.

Signature _____ **Date** _____

OEHA # _____ Registered Sanitarian # _____ Social Security # _____

Return to: R. Joseph Ebel R.S., Licking County Health Dept., 675 Price Rd., Newark, OH 43055

Phone (740) 349-6535, Fax (740) 349-6510, e-mail: jebel@lickingcohealth.org