



OEHA

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

10W Broad St Suite 200
Columbus, OH 43215
info@OhioEHA.org

George Eagle Memorial Scholarship Application
Undergraduate Program

Name _____
Last First (MI)

Email: _____

Phone: _____

Mailing Address: _____
PO Box/Street City State Zip

Home Address: _____
Street City State Zip

Name/Address of College or University currently attending:

Name/Address of High School attended:

Academic Honors in High School and College:

What year are you currently working on (please circle one): Sophomore / Junior / Senior

GPA: _____ Major: _____ Minor: _____

Age: _____ Marital Status: Single / Married # of Dependents _____ / None

Resident of the State of Ohio: Y / N



OEHA

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

10W Broad St Suite 200
Columbus, OH 43215
info@OhioEHA.org

Parent/Gurdian's Name: _____
Last First (MI)

Email: _____

Phone: _____

Address: _____
Street City State Zip

Financial Status

Are you currently employed? If yes, please provide the following:

Employer 1: _____

Employer's Address: _____

Hours per week: _____

Pay rate: \$ _____ Hour / Week

Employer 2: _____

Employer's Address: _____

Hours per week: _____

Pay rate: \$ _____ Hour / Week



Other sources of income and amount (\$): _____

References*

1. Name _____ Occupation _____

Email: _____

2. Name _____ Occupation _____

Email: _____

3. Name _____ Occupation _____

Email: _____

*Please submit a letter of recommendation for each reference

Biographical Statement

Please submit a 1–2 page biographical statement detailing your academic and professional achievements. Please explain why environmental health is important to you and how you plan to impact the environmental health field with your future career endeavors.



OEHA

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

10W Broad St Suite 200
Columbus, OH 43215
info@OhioEHA.org

Instructions

1. Submit this application with the following attachments
 - An official copy of your college transcripts
 - 1-2 page biographical statement
 - Three letters of recommendation

2. Send to address listed below no later than **March 14, 2025**

* * * * *

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

Signature: _____ Date: _____

Return to:

Traven Wood, MS, REHS
George Eagle Scholarship Committee Chair
twood@lickingcohealth.org
Licking County Health Department
675 Price Road
Newark, OH 43055