**FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION**

**2017 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)**

**Why Do You Desire This Scholarship?**

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

**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.

All application materials must be received by the FEHA Scholarship Committee no later than **June 13, 2017.** 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 Contact\_Us@feha.org