

# 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 Undergraduate Program

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Last First (MI)

Home Address \_\_\_\_\_  
Street City State Zip

Name/Address of College or University now attending:  
\_\_\_\_\_

Name/Address of High School attended:  
\_\_\_\_\_

Scholastic Honors in High School and College: \_\_\_\_\_  
\_\_\_\_\_

What year are you in now: Sophomore / Junior / Senior G.P.A. \_\_\_\_\_ Major \_\_\_\_\_

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

Home Phone # ( ) \_\_\_\_\_ Phone # while at school ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

### 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 \_\_\_\_\_

Explain \_\_\_\_\_

\* \* \* \* \*

What are your career plans?

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

\* \* \* \* \*

Instructions -

1. Submit this application, your college transcripts and the three letters of reference.
2. Send to address listed below by March 11, 2024.

\* \* \* \* \*

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

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

Social Security # \_\_\_\_\_

Return to:

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