

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:

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** or closest working day.

* * * * *

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
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