



INDIANA ENVIRONMENTAL HEALTH ASSOCIATION

SCHOLARSHIP APPLICATION

Please complete all information below, failure to do so will result in disqualification

Please print all information

(1) **Type Of Scholarship For Which You Are Applying:**

- Undergraduate
- Graduate
- Continuing Education (Conference / Seminar/ Exam)

(2) **Personal Information:**

Name *Home Address (street, city, state, zip)*

Home phone number *Work phone number* *Cell or Pager number*

Present Employer *Employer address (street, city, state, zip)*

Job Title *Years at current position*

(3) **Undergraduate / Graduate Education Information:**

College or University *Address (street, city, state, zip)*

Course Name and Number *Credit Hours* *Total credit hours taking in the semester*

Beginning and Completion Dates *Cost of Tuition per credit hour*

Name of Degree that you are working toward *Estimated time of graduation*

Course titles of other classes taking this semester

