

## **An Important Message from the Scholarship & Awards Committee of the Connecticut Environmental Health Association**

The Connecticut Environmental Health Association (CEHA) is pleased to announce that two scholarships are available to CEHA members and their children/spouses. Please submit the following information:

- Application for Marvin L. Smith Scholarship (Form #1)
- Application for Yankee Conference Scholarship (Form #1)
- CEHA membership application (applicants for scholarships must be a member)\*
- School transcripts
- Letter from department head (First term students to include College/University Acceptance Letter)
- 1-2 page written essay to include:
  - Current or past environmental employment
  - Volunteer activities environmental or other
  - Career goals
  - Any awards or recognitions received
  - Education major or program
  - Length of CEHA membership\*

All the above information must be provided and received PRIOR to the submission deadline.

\*Applicant must be CEHA member OR a child OR spouse of a current member. Child/spouse must include name and CEHA membership information of sponsor.

**PLEASE RETURN ALL APPLICATIONS NO LATER THAN  
JULY 31<sup>st</sup> TO:**

Eloise Hazelwood, Chair  
CEHA Scholarship Committee  
C/o Wallingford Health Department  
45 South Main St., rm. 215  
Wallingford, CT 06492

Scholarships will be awarded at the annual CEHA meeting in November. Recipients are highly encouraged to attend. Please direct all questions to [wlfhealth@sbcglobal.net](mailto:wlfhealth@sbcglobal.net).

# CONNECTICUT ENVIRONMENTAL HEALTH ASSOCIATION

## Marvin L. Smith & Yankee Conference Scholarship Application

Name of applicant: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant has been a member of the CEHA for \_\_\_\_\_ years or

I am not a member but enclosed is my membership application and fee

I am a Spouse/Child of \_\_\_\_\_

(list name of sponsor and years of sponsor CEHA membership)

Applicant membership status:

Student

Active

Honorary

Retired

Current place of employment, if any: \_\_\_\_\_

Job Title: \_\_\_\_\_

Accredited institution where enrolled: \_\_\_\_\_

Enrolled full time

Enrolled part time

List type of degree and major course of study

(Ex: BS in Environmental Health, MPH in Public Health)

\_\_\_\_\_

Expected date of graduation (Month and Year): \_\_\_\_\_

\*\*\*\*\*

The information submitted on this application is accurate and correct.

\_\_\_\_\_  
Applicant name: Print and Signature

\_\_\_\_\_  
Date