



## Oregon Environmental Health Association Scholarship Application

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

Telephone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Education

Please list all post-secondary education

College/University	Dates attended	Major	Degree

### Employment History

Employer	Dates employed	Responsibilities

### Activities

Please list any relevant activities, honors or affiliations

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