



LOUISIANA ENVIRONMENTAL HEALTH ASSOCIATION (LEHA)

FRANK L. DAUTRIEL UNDERGRADUTE AND GRADUATE SCHOLARSHIP APPLICATION

<http://leha.net/>

Application Submittal Deadline: **February 1, 2015**
 Total Award Amount: **\$1,000.00**
 Return Completed Form to: **Jeff Jackson**
111 New Center Drive
Lafayette, Louisiana 70508

For Assistance Contact: Jeff Jackson at (337) 262-5582 or Jeff.Jackson@LA.GOV or Sara Krupa at (225)342-8917 or Sara.Krupa@la.gov

| A. APPLICANT INFORMATION | | | |
|---|---|---------------------------------------|-----------------|
| <small>NAME</small> | <small>PHONE NUMBER (HOME)</small> | <small>ALTERNATE PHONE NUMBER</small> | |
| <small>MAILING ADDRESS</small> | | <small>EMAIL ADDRESS</small> | |
| <small>CITY</small> | <small>STATE</small> | <small>ZIP CODE</small> | |
| B. QUALIFYING INFORMATION | | | |
| Are you currently enrolled as a full-time student an environmental or public health related degree program at an accredited university? <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you maintained an overall 2.75 or higher grade point average on a 4.0 point rating system? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Are you a Louisiana resident? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you a applying for the Undergraduate or the Graduate Award? <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE | | |
| C. EDUCATION | | | |
| NAME OF SCHOOL | MAJOR AREA OF STUDY | BEGIN/END DATES (Month/Year) | DEGREE RECEIVED |
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| | | | |
| | | | |
| What school are you presently enrolled in? | | | |
| | | | |
| Who is your faculty advisor? | | | |
| | | | |

D. WORK EXPERIENCE

| EMPLOYER | POSITION TITLE | BEGIN/END DATES (Month/Year) |
|----------|----------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

E. DEPENDENT INFORMATION

Is anyone dependent on your support?

 YES (if yes, list names, relationship, and ages below)
 NO

| FULL NAME | RELATIONSHIP (i.e. daughter, son, wife, husband, mother, father, etc.) | AGE |
|-----------|--|-----|
| | | |
| | | |
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| | | |
| | | |

F. FINANCIAL INFORMATION**APPROXIMATE EXPENSES PER YEAR:**

| | DOLLAR AMOUNT |
|------------------------|---------------|
| TUITION | |
| BOOKS | |
| ROOM AND BOARD | |
| OTHER (PLEASE SPECIFY) | |
| TOTAL | |

FINANCIAL ASSISTANCE FROM OTHER SOURCES

| AWARD NAME | DESCRIPTION | AMOUNT |
|------------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

G. ADDITIONAL INFORMATION

1. Additional pertinent information, especially in regard to financial need of scholarship:

Are you a student member of LEHA or National Environmental Health Association (NEHA)?

YES If yes, what year did you join: _____ NO

2. List civic groups, clubs, and other community activities of which you are a member. Also, note any special honors received.

3. Please write and attach a short summary of your professional goals, and include your reasons for pursuing a career in environmental health.

4. Please attach two letters of recommendation from faculty of accredited college or from any LEHA member in good standing.

5. Please have your Registrar's Office forward a certified copy of your academic transcript to Jeff Jackson, 111 New Center Drive, Lafayette, LA 70508

Signature

Date