



LOUISIANA ENVIRONMENTAL HEALTH ASSOCIATION (LEHA)

FRANK L. DAUTRIEL UNDERGRADUTE AND GRADUATE SCHOLARSHIP APPLICATION

<http://leha.net/>

Application Submittal Deadline: **February 1**
 Total Award Amount: **\$1,000**
 Return Completed Form to: **LEHA**
P.O. Box 2661
Baton Rouge, LA 70821

For assistance email info@leha.net

A. APPLICANT INFORMATION			
NAME NUMBER	PHONE NUMBER (HOME)	ALTERNATE PHONE	
MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP CODE	
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 student member of LEHA or National Environmental Health Association (NEHA)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you applying for the Undergraduate or the Graduate Award? <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	If yes, what year did you join: _____		
C. EDUCATION			
NAME OF SCHOOL	MAJOR AREA OF STUDY	BEGIN/END DATES (Month/Year)	DEGREE RECEIVED
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? <input type="checkbox"/> YES (if yes, list names, relationship, and ages below) <input type="checkbox"/> NO		
FULL NAME	RELATIONSHIP (i.e. daughter, son, wife, husband, mother, father, etc.)	AGE

F. FINANCIAL INFORMATION		
FINANCIAL ASSISTANCE FROM OTHER SOURCES		
AWARD NAME	DESCRIPTION	AMOUNT

G. ADDITIONAL INFORMATION
1. Additional pertinent information, especially in regard to financial need of scholarship:
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 LEHA, P.O. Box 2661, Baton Rouge, LA 70821

Signature

Date