



WASHINGTON STATE ENVIRONMENTAL HEALTH ASSOCIATION
2009 CIND M TRESER MEMORIAL SCHOLARSHIP
APPLICATION FORM

1. Name of Applicant _____

2. Permanent Address _____

City _____ State _____ Zip _____

Telephone Number with Area Code (_____) _____

3. Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

4. Who is dependent upon your support? *(Please list names and ages.)*

Name Age

A. _____

B. _____

C. _____

5. Are you an active or student member of the Washington State Environmental Health Association?

Yes _____ Number of consecutive months of membership: _____

No _____

6. Are you an active member of the National Environmental Health Association (NEHA)?

Yes _____ Number of consecutive months of membership: _____

No _____

7. Race/Ethnicity: *(Optional, unless applying for a scholarship based on minority status.)*

BLACK ASIAN NATIVE AM. HISPANIC WHITE

8. Education: *(Please list your current college first and include all college & recent high school education.)*

School Dates Degree Major

Number of semester/quarter credits earned: _____ Cumulative Grade Point Average: _____

9. For the institution in which you are presently enrolled, please provide the name of your advisor and the school address.

Advisor's Name

Address

10. Expected date of graduation _____

11. Approximate expenses per year:

Tuition: _____ Books: _____ Fees: _____ Room & Board _____

12. Financial assistance from other sources (including parents)

Name	Amount	Description
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13. Employment History (Please list present employer first.)

Employer	Address	Years
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Brief description of responsibilities (for most recent or significant job) _____

14. Please list civic groups and other community activities of which you are a member. Also, note any special awards or honors received.

15. Is your undergraduate school accredited with NEHSPAC? Yes No
(National Environmental Health Science & Protection Accreditation Council)

Is your school an institutional member of NEHA Yes No

16. Please attach a brief biographical sketch describing your self, your interests, your school and community activities. Be sure to touch on your plans for the future and how you hope to improve the practice of environmental health in this state. Also, if you are applying based on minority status or financial need, please indicate how this scholarship will help you achieve your goals.

17. Ask your adviser or other qualified individual who can comment on your academic performance to complete the information requested on the enclosed scholarship recommendation form.

18. Please attach a copy of your official academic transcript.

Signature of Applicant _____ Date _____

Important: All information must be received or your application will not be judged. Deadline for applications is September 1, 2009. Mail your completed application to: *Washington State Environmental Health Association, Scholarship Committee, 3045 Northwest 57th Street, Seattle, WA 98107* or e-mail it to ctreser@u.washington.edu