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. Applicants must submit following information:

- Application for Marvin L. Smith Scholarship and Joe Hock (Yankee Conference) Scholarship (Form #1)
- CEHA membership application (applicants for scholarships must be a member)*
- School transcripts
- College Acceptance Letter or Verification of program enrollment from department Chair
- 1-2 page written essay to include:
  - Current or past environmental health/public health employment or involvement
  - Volunteer activities (environmental or other)
  - Career goals
  - Prior awards or recognitions received
  - Education major or program
  - Length of CEHA membership*

Failure to include all of the required information will void the application

*CRITERIA: 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. Field of study must be related to environmental, public health or biological sciences. Graduate, undergraduate or environmental certification programs are eligible for scholarship consideration.

Preference of Award: Undergraduate study with expressed desire to work in CT, preferably in career goal aligned with CEHA mission; First time recipients

PLEASE RETURN ALL APPLICATIONS NO LATER THAN June 30th:

Erica Mikulak, Chair  
CEHA Scholarship and Awards Committee  
C/O Farmington Valley Health District  
95 River Rd., Suite C  
Canton, CT 06019

Scholarships will be awarded at the annual CEHA meeting in November. Recipients are expected to attend. Please direct all questions via email: EMikulak@fvhd.org
CONNECTICUT ENVIRONMENTAL HEALTH ASSOCIATION

Marvin L. Smith & Joe Hock (Yankee Conference)

Scholarship Application

Name of applicant: ____________________________________________________
Mailing Address  _____________________________________________________
_____________________________________________
Home Phone: ______________ Work/Cell Phone:________________
Email: __________________________

Current CEHA membership status:

☐ Full time Student       ☐ Active       ☐ Honorary
☐ Retired                ☐ Spouse/Child of CEHA member*

*Spouse/Child of _________________________________
(Include: Name of CEHA member, relationship and years of CEHA membership)

☐ Applicant has been a member of the CEHA for ______ years

☐ I am a new member, membership application and fee enclosed

Employment Information:

Current place of employment (if any):____________________________________
Job Title:______________________________________________________________

College/University Information:

Name of Accredited institution where enrolled:_____________________________

☐ Enrolled full time   ☐ Enrolled part time

Indicate expected degree/major course of study
(Ex: BSc in Environmental Health, MPH in Public Health)

____________________________________________________________________

Expected date of graduation (Month and Year):__________________________

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The information submitted on this application is accurate and correct.

_________________________________   __________________________
Applicant name:   Print and Signature                       Date