



# New Jersey Environmental Health Association

One Dag Hammarskjold Boulevard, Suite 6  
Freehold, NJ 07728

732-845-0886 phone 732-845-0412 fax [info@njeha.org](mailto:info@njeha.org) [www.njeha.org](http://www.njeha.org)

## Gary S. Strauss Scholarship Fund – Application

**Instructions:** Complete application legibly and in its entirety. Illegible or incomplete applications will be rejected. Applicant must include a certified copy of academic transcript with application. Submit completed application by the deadline of August 31<sup>st</sup> via either hand delivery to a Scholarship Committee member or regular mail to:

NJEHA  
Attn: Gary S. Strauss Scholarship  
One Dag Hammarskjold Blvd, Suite 6  
Freehold, NJ 07728

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_ NJEHA member: Yes \_\_\_\_\_ No \_\_\_\_\_

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Employment History (Please list most recently employer first)

Current occupation: \_\_\_\_\_

Current salary: \_\_\_\_\_

Employer	Supervisor	Address	Phone	Years
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

*Please use attached sheets if necessary*

If married, is your spouse currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide spouse's current salary: \_\_\_\_\_

**Who is dependent on your financial support?**

**Name**

**Age**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*Please use attached sheets if necessary*

**List financial assistance from other sources (including loans, municipal, county or state funding):**

**Name**

**Amount**

**Description**

\_\_\_\_\_

\_\_\_\_\_

*Please use attached sheets if necessary*

**Type of educational degree currently being pursued?**

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Post-Graduate \_\_\_\_\_

**List the college, university or institution of higher learning in which you are presently enrolled:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of enrollment:** \_\_\_\_\_ **Anticipated date of completion:** \_\_\_\_\_

**List approximate educational expenses per year:**

**Tuition** \_\_\_\_\_ **Books** \_\_\_\_\_ **Fees** \_\_\_\_\_

**Other** \_\_\_\_\_

*Please describe in detail*

**List your academic objectives and need for financial assistance:**

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*Please use attached sheets if necessary*

**List any civic groups, associations or any other community organizations or activities of which you are a member. Also note any special honors or awards received.**

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*Please use attached sheets if necessary*

**Certification by applicant:**

**I hereby certify that the information provided in this application, which you are authorized to verify, is true and correct, and I agree to notify the grantor of this scholarship of any material changes in the facts stated in this application.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_