



## Conference & Meeting Assistance Application

1. Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Marital Status \_\_\_\_\_ U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Who is dependent on your support? (List names and ages)  

<u>Name</u>	<u>Age</u>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
6. Are you an active member (in good standing) of the New Jersey Environmental Health Association? Yes \_\_\_\_\_ No \_\_\_\_\_
  - A. Total # of general membership meetings attended during the past year: \_\_\_\_\_
  - B. Provide the dates of the meetings: \_\_\_\_\_
7. Name of conference you wish to attend: \_\_\_\_\_  
\_\_\_\_\_

8. Conference Details:

Cost \$ \_\_\_\_\_

Location/Venue \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Anticipated Date of Completion \_\_\_\_\_

9. List your academic objectives (use attached sheets if necessary).

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10. Financial assistance from other sources (include loans, municipal, county or state job funding):

Source

Amount

Description

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11. Employment History (List present employer first):

Current Occupation: \_\_\_\_\_

Current Salary: \_\_\_\_\_

	<u>Employer</u>	<u>Supervisor</u>	<u>Address</u>	<u>Phone #</u>	<u>Years</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

12. What information do you plan to take away from this conference and can you share it with the NJEHA membership so that it may benefit from your experience?

(e.g., contribute a newsletter or website article, develop & present at a general meeting, etc.)

Certification by Applicant:

I certify that the above information, which your are authorized to verify, is true and correct. I agree to notify the grantor of this scholarship of any material changes in the information presented herein.

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