



Devoted to Aiding Humanity through the Medium of Public Health

Gary S. Straus Memorial Scholarship Fund 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)

Name

Age

- 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. Type of educational advancement requested:

Undergraduate _____ Graduate _____
Post Graduate _____ Environmental Health & Law course _____

8. List the college, university or training program in which you are presently enrolled:

School/Program: _____

Address: _____

Date of Enrollment: _____

Anticipated Date of Completion: _____

9. List your academic objectives and need for financial assistance (use attached sheets if necessary).

10. List approximate educational expenses per year:

Tuition: _____ Fees: _____

Books: _____ Other: _____

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

<u>Name</u>	<u>Amount</u>	<u>Description</u>
-------------	---------------	--------------------

12. 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.	_____	_____	_____	_____	_____

If married, does your spouse work? Yes ____ No ____

If answer is yes, provide spouse's salary: _____

13. Applicant to have registrar's office forward a certified copy of his/her academic transcript and application to:

14. List civic groups, associations, and other community activities of which applicant is a member. Also note any special honors received.

Certification by Applicant:

I certify that the information given herein, and 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.

Date: _____

Signature: _____