



KYEHA

Kentucky Environmental Health
Association

The Judy Inman True Scholarship

First Name _____ Last Name _____

Home Address _____

School Address _____

Phone Number _____ Cell Number _____

Email Address _____

Name of College/University _____

Address _____

Name of Advisor _____ Phone Number _____

Declared Major or Course of Study _____

G.P.A. _____ Type of Degree: Bachelor's Masters Full-time Student? Yes No

Hours Completed towards Degree _____

Place of employment _____ Title _____

Address _____

List any honors, achievements, involvement in organizations, etc. (You may attach this information).

In 250 words or less, please discuss your career goals and how you plan to carry on a legacy of excellence in food safety, public health, environmental health or community health.

Signature _____ Date _____

Please submit a complete grade transcript of courses of all previous semesters and documentation of current enrollment.

All applications and accompanying materials must be postmarked no later than **October 31st**

Send completed applications to: Brittany Wells, Northern Kentucky Health Department, 610 Medical Village Dr. Edgewood, KY 41017
For further information call Brittany Wells at (859) 363.2020, or email KYEHAScholarship@gmail.com