



KYEHA

Kentucky Environmental Health Association

The Judy Inman True Scholarship

First Name Last Name

Home Address City State Zip

School Address City State Zip

Phone Number Cell Number

Email Address

Name of College/University

Address City State Zip

Name of Advisor Phone #

Declared Major or Course of Study G.P.A.

Type of Degree: Bachelor's Master's | Full-time Student? Yes No | Hours completed toward major

Place of Employment Title

Address City State Zip

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 for 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 KY Health Department, 8001 Veterans Memorial Dr. Florence, KY 41042
For further information call Brittany Wells at (859) 363-2026, or email
KYEHAScholarship@gmail.com