



## TEXAS ENVIRONMENTAL HEALTH ASSOCIATION

# BURL COCKRELL MEMORIAL SCHOLARSHIP

### ELIGIBILITY

- ❖ In order to be eligible for the Burl Cockrell Memorial Scholarship the applicant or a member of the applicant's immediate family (i.e. spouse or child) must be a member of the Texas Environmental Health Association (TEHA) on the date of the application.
- ❖ Applicants must be enrolled in an accredited college or university. Preference will be given to those applicants that have chosen major coursework in an environmental and/or public health related field.
- ❖ In order to be eligible applications must be postmarked on or before July 15th.
- ❖ Completed applications should be submitted to the following address: Scholarship Committee, TEHA, PO Box 860099, Plano Texas 75086-0099
- ❖ Up to two (2) scholarships of \$1,500 may be awarded each year. Scholarship recipients will be announced each year at TEHA's Annual Education Conference in October.

### APPLICATION

1. Date: \_\_\_\_\_
2. Applicant's Name (First, Middle Initial, Last): \_\_\_\_\_
3. Applicant's Permanent Address: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_
4. Is the applicant or a member of the applicant's family a current member of the Texas Environmental Health Association?  
\_\_\_ Yes \_\_\_ No If yes, name of member: \_\_\_\_\_ Member #: \_\_\_\_\_ Relationship \_\_\_\_\_
5. Education:  
Name and address of High School: \_\_\_\_\_  
Graduated? \_\_\_\_\_ Year of graduation: \_\_\_\_\_  
University: \_\_\_\_\_  
Currently attending? \_\_\_ Yes \_\_\_ No If yes, how many hours have you completed? \_\_\_\_\_  
Grade Point Average (GPA)(Please provide official documentation) \_\_\_\_\_

Major & Minor: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

6. What are your short term and long term career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have work experience in environmental or public health fields? If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Employment history of last three employers (list current employer first):

<b>Employer</b>	<b>Duties and Responsibilities</b>	<b>Period of Employment</b>
1. _____		
2. _____		
3. _____		

9. Other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to attach additional pages as necessary.

**Mail completed application to:**  
**Scholarship Committee**  
**Texas Environmental Health Association**  
**P.O. Box 860099**  
**Plano, TX 75086-0099**