

**Application for Environmental Task Force of Jasper and Newton
Counties
Bob Nichols Memorial Environmental Scholarship**

1. Name (Last, First, Middle, Initial): _____

2. Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail address: _____

3. Marital Status: Single: _____ Married: _____

4. What college or university will you attend?

5. What will be your program of study?

6. What semester are you applying for assistance? Fall of _____, Spring of _____

7. How will your program of study relate to environmental protection or stewardship?

8. Education (please list most current first, ending with High School):

School	City	Major	Dates	Degree
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Year and date of expected graduation from current program: _____

9. Employment history of last two employers (please list present employer first):

Employer	Years Employed
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1. _____

2. _____

Brief description of responsibilities: _____

10. What professional societies, clubs, civic groups or other organization are you a member, and list leadership duties if applicable.

11. Approximate expenses per school year:

Tuition: _____ Books: _____ Fees: _____

Room & Board: _____

12. Financial assistance (for school year) from any other sources (including parents):

Name	Amount	Description
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13. Any additional pertinent information: _____

14. Please write a short summary of your professional goals and include your reasons for pursuing a career in environmental health and/or public health (attach additional page if necessary - 200 words or less).

Important: The applicant, in one orderly application submission, must mail all components of the application to the Jasper Newton Counties Environmental Task Force. Nothing is to be sent separately.

The Jasper Newton Counties Environmental Task Force prohibits any discrimination in employment or in the administration of any program or service offered by Jasper Newton Counties Environmental Task Force on the basis of race, color or national origin. Furthermore, this policy prohibits any discrimination on the basis of gender, age, physical handicap, religious affiliation or sexual orientation.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Important: The complete application must be received by the stated deadline or your application will not be eligible for review.