

Scholarship Application

NAME:						
ADDRESS:						
CITY:	ZIP:					
PHONE:	EMAIL:					
MOTHER'S NAME:						
FATHER'S NAME:						
Do you have a family member who is an IEHA member? (Circle) YES						NO
If yes, write the name	e of the person:					
NAME OF HIGH SCHO	OOL:					
Rank in Class: _		Class Size:			GPA:	
Circle College Entrance Test Taken: SAT ACT ASSET COMPASS Your Score:						
If you are a current hi traditional student, li	•	of work experier	nce and any oth	ner activitie	es that are impor	tant to you:
	be attending?					
If yes, please list cont	act information: _					

ESSAY: On another sheet of paper, type an essay of approximately 250 words (1 typed page, 11 or 12 font) explaining your career plans and goals.

FOR YOU TO BE CONSIDERED FOR A SCHOLARSHIP YOU MUST ENCLOSE THE FOLLOWING:

- Application filled out completely
- Typed essay
- Three letters of recommendation
- High school transcript

Applications must be postmarked by February 1, 2017 and sent to:

Joe Neary, Palo Alto Environmental Health Box 271 Emmetsburg, IA 50536