



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, parent, grandparent, 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 June 1st.
- ❖ Completed applications should be submitted to the following address:
Texas Environmental Health Association
ATTN: Scholarship Committee
P. O. Box 528
Georgetown, TX 78627 or By Email to:
tehabusinessmanager@gmail.com
- ❖ 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. Recipients are encouraged (but not required) to be in attendance at the time of the reward.
- ❖ Provide current college transcript along with the application.
- ❖ Proof of enrollment will be required prior to the distribution of scholarship monies.
- ❖ Letters of recommendation are accepted, though not required.

APPLICATION

1. Date: _____
 2. Applicant's Name (First, Middle Initial, Last): _____
 3. Applicant's Permanent Address:

- Phone: Home (_____) _____ Work (_____) _____
Mobile (_____) _____
- E-mail Address: _____

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: _____

Name and Address of College/University:

Currently attending? ___ Yes ___ No

If yes, how many hours have you completed? _____

Grade Point Average (GPA) _____

Major & Minor: _____

Anticipated graduation date: _____

Career, Activities and Background Information

6. List your career objectives and goals. State your involvement in clubs or organizations.

7. Provide a personal statement about yourself.

8. What has lead you to choose a career in Public Health and/or Environmental Health?

9. Give a brief description of your Employment History. Discuss any work-related, interships, or volunteer experience.

Feel free to attach additional pages as necessary.

Submit completed application to:

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