Bill Spaniol Memorial Scholarship

PURPOSE:

To promote the Kansas Environmental Health Association (KEHA) as a professional organization and encourage individuals to pursue a degree in Environmental Science or a related field by offering one or more scholarships annually in the amount of $500 to qualifying individuals.

ELIGIBILITY REQUIREMENTS:

Any student who will be graduating or has graduated from a high school accredited by the Kansas State Board of Education, **or** will be receiving or has received a general educational development (GED) credential issued by the Kansas Board of Regents, **or** will be graduating or has graduated from a Kansas home school program or a non-accredited private secondary school **and** will be attending a technical college, community college or a four-year private or public college or university.

APPLICATION PROCEDURE:

* All documents must be typed.
* Submit the completed and signed Bill Spaniol Memorial Scholarship Application Form. A fillable application form is available at <http://www.keha.us/scholarships.htm>.
* Submit all official current academic transcripts.
* Submit at least one (1) letter of recommendation; academic or employment-related.
* Provide information on involvement of non-school activities, including work experience.
* Submit a short personal statement addressing your overall academic and career goals.
* All applications must be received by **March 31, 2020**.

REVIEW PROCESS:

The KEHA executive board shall appoint a Scholarship Committee consisting of three (3) or more current KEHA members to review all applications.

First priority in awarding will be given to individuals who:

* Are seeking a career in Environmental Sciences or a related field;
* Are a current legal Kansas resident;
* Have a cumulative GPA of 3.0 or greater;
* Are a relative of a current member of KEHA.

All Applicants will be notified of the Scholarship Committees’ decision by **April 30, 2020**. **Incomplete application packets will not be reviewed or considered.** Recipients will be invited to attend the fall conference to receive recognition and be afforded the opportunity to attend our professional meeting a KEHA’s expense.

Bill Spaniol Memorial Scholarship

Application Form

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| Name |  | | | | |  | |  | | | | |
|  | First | | | | |  | | Last | | | | |
|  | | | | | | | | | | | | |
| Address | |  | |  |  | | | |  |  |  |  |
|  | | Street | |  | City | | | |  | State |  | Zip Code |
|  | | | | | | | | | | | | |
| Phone Number | | |  | |  | | Email Address | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| College/University Name | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Address |  | | | |  |  |  |  | |  |  |
|  | Street | | | |  | City |  | State | |  | Zip Code |
|  | | | | | | | | | | | |
| Current or Future Area(s) of Study | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Current Overall GPA | |  | |  | | GPA in Field of Study (if applicable) | | |  | | |
|  | | | | | | | | | | | |
| Name of relative who is a member of KEHA | | | | | |  | | | | | |

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| --- | --- | --- | --- | --- |
|  | | | | |
| Signature |  |  | Date |  |
|  | | | | |

SEND COMPLETED APPLICATION PACKET TO:

Jennifer Millbern, Scholarship Committee Chairperson

Flint Hills Community Health Center

420 W 15th Ave

Emporia, KS 66801

[jmillbern@flinthillshealth.org](mailto:jmillbern@flinthillshealth.org)