

Illinois Environmental Health Association

**O.L. Meyer Student
Stipend Award Application**



Application must be submitted by October 1st

Illinois Environmental Health Association

O.L. Meyer Student Stipend Award

IEHA encourages research and the dissemination of information to the general public. In an attempt to promote and encourage research and education, IEHA has established a stipend of up to \$500.00. The stipend is awarded annually for a student to use toward completion of a baccalaureate or graduate degree.

Applications for this stipend must be received by October 1st. The award is presented at the IEHA Annual Educational Conference in October or November. Applications should be submitted by mail or email to the IEHA Office.

Qualifications

Applicants must meet the following conditions for consideration:

1. The applicant must be actively enrolled in an Environmental Health program or an Environmental Health related program at the college level.
2. The applicant must be attending a college or university within the State of Illinois or be an Illinois resident attending an out-of-state school.
3. The applicant must have completed at least two years of study toward his or her degree.
4. The applicant must submit a completed application form, a resume and two (2) written references. One letter must be from a faculty member in the program area of your major.
5. The applicant must be available for an interview with the IEHA Awards Committee in October. The applicant will be notified of the time and date of the interview, which will be held in the Bloomington-Normal, Illinois area. No telephone interviews will be accepted.
6. The applicant must be able to attend the Awards Ceremony at the IEHA Annual Educational Conference.
7. Please list your future career goals.
- 8. Additional Information May be request for finalists.**

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Application**

Personal Information:

Applicants Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____ Alternate Phone: _____

College or University: _____

Email: _____

Are you an IEHA member?

Yes

No

College or University Enrolled In:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Name of Faculty Advisor: _____

Phone Number of Faculty Advisor: _____

Email of Faculty Advisor: _____

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O.L. Meyer Student Stipend Award Application (continued)

Major: _____

Minor: _____

Applicant Statement and Signature:

The applicant attests that the information supplied on this application and any other supporting documentation is accurate to the best of their knowledge. The applicant further agrees to attend an interview in person as arranged by the awards committee during October 2015.

Signature of Applicant: _____

Date: _____

**Illinois Environmental Health Association
ATTN: Awards Committee
P.O. Box 7505 Rockford, IL 61126
Email: iehaoffice@gmail.com**

