



ILLINOIS ENVIRONMENTAL HEALTH ASSOCIATION

O.L. MEYER STUDENT STIPEND AWARD

APPLICATION
(please type or print)

Academic Year: _____ - _____

PERSONAL INFORMATION

1. Applicant's Name: _____
Last _____ First _____ MI _____
2. Mailing Address: _____
Street _____ Apt. Number _____
City _____ State _____ Zip Code _____
3. Telephone Number: () _____ () _____
Daytime _____ Evening _____
4. Are you a member of IEHA? _____ Yes _____ No (check one)
5. University Enrolled In: _____
Name _____
Street Address _____
City _____ State _____ Zip Code _____
() _____
Telephone Number _____

EDUCATION

6. The Environmental Health Program or Environmental Health Related Program enrolled in for degree: _____

7. Number of years of study completed in above mentioned program: _____
8. Total number of semester or quarter hours completed: _____
9. Previous degrees earned:
Major _____ Degree _____
University _____
Major _____ Degree _____
University _____



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ADDITIONAL BACKGROUND INFORMATION

(provide requested information for items 10-16 on separate sheet of paper and attach to application)

10. Honorary Societies:
(give society name, office(s) held, and years affiliated)
11. Scholastic Awards:
(give award name and year(s) received)
12. School Organization Memberships:
(give organization names, office(s) held, and years affiliated)
13. Other Activities:
(give activity name and years of participation)
14. Participation in Professional and/or Technical Societies or Associations:
(give society or association name, office(s) held, responsibilities, number of years affiliated, award titles and dates received, etc.)
15. Civic and Humanitarian Activities:
(give organization name, office(s) held, committee assignments, responsibilities, and dates involved)
16. Work History:
(give summer jobs, campus jobs, military service with employers' names, position(s) held, hours per week, responsibilities, years employed, awards, etc.)
17. Reasons for Applying for Stipend:
18. Future Career Goals:



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PROOF OF ENROLLMENT OR QUALIFIED FOR DEGREE STATEMENT

This form is to be completed by the academic advisor only.

As an academic advisor for the _____ program at this school, I certify that _____ is:

(check one, please)

_____ enrolled in the _____ program at this school during the _____ - _____ academic year.

_____ qualified for a _____ degree in the _____ program at this school during the academic _____ - _____ year.

AT THE BEGINNING OF THE _____ - _____ FALL TERM, approximately how many hours will the student need to complete the degree.

of Hours
Student will need
To complete degree:

Quarter Hours or Semester Hours
(circle one)

SIGNATURE OF ACADEMIC ADVISOR: _____

PRINT NAME: _____

TITLE: _____

SCHOOL: _____

DATE: _____

TELEPHONE: _____



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TO BE INCLUDED WITH THIS APPLICATION

1. Proof of Enrollment or Qualified for Degree Statement (Attachment A)
2. Course Schedule (Attachment B)
3. Resume (does not need to be professionally prepared – can be typewritten)
4. Two (2) written references.

GUIDELINES AND DEADLINE

All applications shall be received by September 1, 2010

No faxed materials will be accepted.

All applicants must be available for an interview in September. The location and time of the interview will be announced. All applicants considered for the stipend must attend the interview. No telephone interviews will be accepted.

I hereby certify that I have read and understand the above guidelines.

Signature of Applicant

Date

RETURN COMPLETED APPLICATION AND ABOVE INFORMATION TO:

Awards Committee Chair
Illinois Environmental Health Association
P.O. Box 609
Rochelle, Illinois 61068 -0609



ILLINOIS ENVIRONMENTAL HEALTH ASSOCIATION O.L. MEYER STUDENT STIPEND AWARD

The award was named in memory of Orville Meyer. Orville was director of the Environmental Health Division at DuPage County Health Department from 1958 to 1986. He played a major role in the development of the Illinois Association of Sanitarians which later became I.E.H.A.

The Illinois Environmental Health Association (IEHA), an affiliate of the National Environmental Health Association, was organized in the 1940s for the improvement of environmental health protection and the promotion of professional standards. Professional environmental health personnel work to control and eliminate environmental hazards. Members are employed by federal, state, and local governments, schools, medical care facilities, the military, industries, and are educators and students of environmental health.

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

Applications must be received by September 1, 2010. Applications should be submitted to the IEHA Office, P.O. Box 609, Rochelle, Illinois 61068-0609.

Qualifications

Applicants must meet the following conditions for consideration:

1. The applicant must be actively engaged in an environmental health program or environmental health related program.
2. The applicant must be attending a college or university in the state of Illinois or be an Illinois resident attending an out-of-state school.
3. The applicant must have satisfactorily completed at least two years of study toward his/her degree.
4. The applicant must submit a completed application form (including Attachments A & B), a resume and two (2) written references. No faxed materials will be accepted.
5. The applicant must be available for an interview with the Awards Committee in September. The location and time of the interview will be announced. No telephone interviews will be accepted.

The award is presented at the IEHA Annual Educational Conference.