

Eastern District of North Carolina Public Health Association
(EDNCPHA) Academic Year 2024-2025 Scholarship Application

EDNCPHA Member *(Complete sections A and C only)*

Child of EDNCPHA Member *(Complete sections A, B, and C)*

Application Category: Graduate Undergraduate Technical

Section A EDNCPHA Member Information

Member Name _____

Address _____

Phone **Cell** _____ **Other** _____

Email _____

Is the member a paid current member of the association? yes No

Was the member a paid member last year (prior to the date of this application) yes No

In which North Carolina county does the member reside? _____

Is the member currently employed in a public health setting? yes No

Employer _____

Job Title _____

Current Duties _____

Work Address _____

Work Phone **Cell** _____ **Other** _____

Work Email _____

I intend to work in a public health setting/agency after completion of the education for which I am requesting this scholarship yes No

I plan to work in Eastern North Carolina yes No

Please list all current degree(s), Certification(s), and/or Licensure(s): _____

Section B Child of an active EDNCPHA Member Information

Child Name _____

Address _____

Phone **cell** _____ **Other** _____

Email _____

Which accredited college or university do you plan to attend? _____

Colleges to which you have applied:

_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled
_____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Enrolled

Educational status for the upcoming year? Freshman Sophomore Junior Senior

What is your course of study? _____

Section C Additional Requirements (please complete and attach the following requirements for consideration)

Child Of Member

- Include a list of school, church, or community activities in which you have participated. Include a brief explanation these activities including offices or leadership roles held.
- Include a typed 2-page essay addressing the following:
 - A. Reasons for desiring to further your education
 - B. Future plans for employment
 - C. Why you are deserving of this scholarship
 - D. How this scholarship would benefit you
- Include an **official** academic transcript of your last school year. (please ensure this transcript has a stamped seal and/or signature.)
- Evidence of acceptance at an accredited educational institution. (A printed transcript of grades/courses from the school's website **will not** be considered proof of acceptance.)
- Enclosed proof of EDNCPHA membership for applicant's parent for year of application as well as the year prior to application date. *Receipt must be provided or documentation provided by EDNCPHA Treasurer.*
- Two Letters of Recommendation

EDNCPHA Member

- Include a typed 2-page essay addressing the following:
 - A. Reasons for desiring to further your education
 - B. Future plans for employment
 - C. Why you are deserving of this scholarship
 - D. How this scholarship would benefit you
- Enclosed proof of EDNCPHA membership for applicant for year of application as well as the year prior to application date. *Receipt must be provided or documentation provided by EDNCPHA Treasurer.*
- Two Letters of Recommendation

- Evidence of acceptance at an accredited educational institution.

Please include any additional comments you wish the committee to consider:

(signature)

(date)

Mail or Email complete application with the required materials and letters to:

Trisha Tant
Orange County Environmental Health
131 W. Margaret Lane
Hillsborough, NC 27278

Email: ttant@orangecountync.gov