## Eastern District of North Carolina Public Health Association (EDNCPHA) Academic Year 2025-2026 Scholarship Application

	Member (Complete sections A and C only)	
	ICPHA Member (Complete sections A, B, and C)	
Application Categor		
Section A	EDNCPHA Member Information	
Member Name		
Address		
Phone		er <u>(</u> ) -
Email	@	
Is the member a pa	id current member of the association?	□yes □No
Was the member a	paid member last year (prior to the date of this applica	tion) □yes □No
In which North Card	olina county does the member reside?	
Is the member curre	ently employed in a public health setting?	□yes □No
Employer		
Job Title		
Current Duties		
Work Address		
Work Phone	cell ( ) - Oth	er _( ) -
Work Email	@	
	public health setting/agency after completion of the I am requesting this scholarship	□yes □No
I plan to work in Ea	stern North Carolina	□yes □No
Please list all currer	nt degree(s), Certification(s), and/or Licensure(s):	
Section B	Child of an active EDNCPHA Member Informa	tion
Child Name		
Address		

ſ	Phone	cell	_(	)				Other		)			
	Email				@								
Which ac	ccredited co	ollege o	r univer	sity do	you pla	n to atten	d?						
Colleges	to which y	ou have	applie	d:									
										_ 🗆 /	Accepted Accepted	1	☐ Enrolled ☐ Enrolled
											Accepted Accepted		☐ Enrolled ☐ Enrolled
Education	nal status f	for the u	pcomin	ıg year	? 🗆	Freshmar	n 🗆 So	phomore		– Iunior	□ Ser	nior	
What is y	our course	e of stud	y?	0.				•					
•			-										
Section (	С	Ad	dition	al Requ	uireme	nts (please	complete a	nd attach th	ne followi	ng requi	rements fo	r consid	deration)
							Of Memb						
						nmunity ac offices or l				partic	ipated. I	nclude	e a brief
	A. B. C.	Reason Future Why yo	ns for d plans for ou are c	esiring or emp deservi	to furth loymen ng of th	sing the fo er your ed t is scholars penefit you	ucation						
	Include a			demic t	ranscrip	ot of your la	ast schoo	l year. (p	olease (	ensure	this tran	script	has a stamped
			•			ited educa ed proof o		,	A printe	ed tran	script of	grades	s/courses from the
						rship for a provided of							as the year prior urer.
	Two Let	ters of F	Recomn	nendati	on								
							PHA Men	nber					
	A. B. C.	Reason Future Why yo	ns for d plans for ou are c	esiring or emp deservi	to furth loymen ng of th	is scholars	ucation						
	D.	How th	is scho	Iarship	would l	penefit you	J						
						rship for a ovided or a							ear prior to er.
	Two Let	ters of F	Recomn	nendati	on								

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

MAIL TO:

Trisha Tant, Chair EDNCPHA Scholarship Committee Orange County Environmental Health 131 W. Margaret Lane Hillsborough, NC 27278