

Scholarship Application

American Industrial Hygiene Association, Inc. New Jersey Section
910 Potters Rd., Newton, NJ 07860

Please type or print clearly.

PERSONAL INFORMATION

Name: _____ Date: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Business Phone : _____ Email: _____

US Citizen: _____ If Not Give Visa No. & Expiration: _____

EDUCATION

Undergraduate College: _____ GPA: _____

Dates Attended: _____ Degree, Major : _____

Graduate School: _____ GPA: _____

Expected Graduation Date: _____ Dates Attended: _____

Degree, Major: _____

EXPERIENCE/EMPLOYMENT

Are you currently employed? _____ Full-Time: _____ Part-Time: _____ Hours per week: _____

Name of Employer: _____ Brief Job Description: _____

Does employer subsidize education expenses and if so please describe: _____

Describe any industrial hygiene experience (Summer or Co-op Projects and/or Employment):

REFERENCES

Honors and Awards: _____

Publications and Articles: _____

EXTRACURRICULAR ACTIVITIES

Activities in College: _____

Activities in Community: _____

Please include the following items with your application:

1. Please submit a statement on a single sheet of paper stating reasons why you should be the recipient of the NJAIHA scholarship.
2. Enclose one letter of recommendation from a professor or a course-related employment.
3. Enclose a copy or official transcript of records.