



FACILITIES & HEALTHCARE ENGINEERS ASSOCIATION

SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Work/School Phone: _____

High School: _____

Graduation Date: _____ GPA: _____

Work Experience: _____

College/University/Trade School/Apprenticeship Program Attending: _____

Degree Program, if any: _____

Anticipated Completion Date: _____

Credit Hours Completed To-Date: _____

GPA through Most Recent Quarter/Semester: _____

List Other Scholarship/Grants Received: _____

Hobbies/outside interests: _____

Attach one copy of either your High School or College Transcript, whichever is applicable.

On a separate piece of paper, please write an essay as to why you deserve to receive a scholarship and include your educational goals and career goals. Essays should be typed and double-spaced.

NOTE: Falsification of any part of the above information will be grounds for elimination from consideration. Decision of the Board of Directors of FHEA is final.

This form, transcript and essay should be mailed to: FHEA, PO Box 2649, Toledo, OH 43606