



## FACILITIES & HEALTHCARE ENGINEERS ASSOCIATION

### SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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 Scholarship/Grants Received: \_\_\_\_\_

---

Hobbies/outside interests: \_\_\_\_\_

Qualifying disciplines of engineering are: Mechanical, Electrical, Chemical or Civil. Applications must be received by the first Friday in May. 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 and career goals.

NOTE: Falsification of any part of the above information will be grounds for elimination from consideration. Decision of the Board of Directors of Facilities & Healthcare Engineers Association (FHEA) is final.

This form, transcript and essay should be mailed to:  
Facilities & Healthcare Engineers Association (FHEA)  
Post Office Box 2649  
Toledo, Oh 43606