



AEC Scholarship Application

Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Are you a current MEHA member? Yes No

Total professional years serving in public health: _____

Current Employer: _____

Current Title: _____

- € Attach employment verification from current employer showing date of hire. (Preference is given to emerging public health professionals with less than 5 years experience.)
- € Attach current resume
- € Attach one letter of recommendation from an active MEHA member
- € Attach 300-500 word essay response