



[www.safetycouncils.org](http://www.safetycouncils.org)

**AMERICAN ASSOCIATION OF  
SAFETY COUNCILS  
SCHOLARSHIP PROGRAM**



## **American Association of Safety Councils** **Scholarship**

***\$1,000 per year Maximum***

The "*American Association of Safety Councils Scholarship*" is a maximum scholarship of \$1,000 per year. Eligibility:

- ◆ Any employee or family member of an AASC Safety Council or any individual, whose parent, or legal guardian, is employed at an AASC Safety Council for a period of not less than twelve months.
- ◆ Any member or family member of an AASC Safety Council who has been a member of not less than twelve months.
- ◆ Any board member of an AASC Safety Council or their family member

The scholarship applicant must be a full-time student in the sophomore level or higher at an accredited college or university. The person must have a cumulative GPA of 2.75 or higher and will be selected by the Scholarship Committee based on involvement in community/school organizations, leadership positions held, awards received and a strong emphasis will be placed on a submitted essay relating to how safety and health are important in their life and/or career.

Application deadline is March 1, 2015 to be considered for the *2015 American Association of Safety Councils Scholarship*.



## 2015 Scholarship Application

### **Section One – General Information Regarding Applicant**

Name \_\_\_\_\_  
                                First    M.I    Last

Address \_\_\_\_\_  
                                Permanent Residence

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

### **Section Two – Safety Council Sponsor** (*Required to process application*)

Name of sponsoring Safety Council (Pick One)

Are you an employee of this Safety Council?      Yes       No

If no, is a family member an employee or Board Member of this Safety Council?  
Yes  No

If yes, what is their name? \_\_\_\_\_ Relationship \_\_\_\_\_

If no, you or a family member must be employed by an organization that is a member of your sponsoring Safety Council.

What is the name and address of that organization?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you an employee of this organization? Yes  No

If no, name of family member employed by this organization \_\_\_\_\_

Relationship \_\_\_\_\_



**Section Three – College/University**

Name of College/University attending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

What is your current grade level? (Pick One)

List school and/or community organizations in which you have been actively involved:

Name of Group and (Start/End) Dates of Participation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List positions of leadership and start/end dates you have held in school or community organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List awards and commendations you have received, reason why and date received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section Three – College/University “cont.”**

List your intended career path and specific degree or certification you are seeking.

\_\_\_\_\_



**Section Four - Essay**

On a separate sheet, please type 500 words or less why health and safety are important in your life and in your chosen career.

**Section Five – Final Instructions**

You must include with your application, a copy of your most recent college/university transcript or a copy of your most recent list of courses with the respective grades and overall grade average.

The award recipient will have \$1,000 submitted directly to their college or university. Please indicate to whose attention the funds should be sent at the school.

Attention: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Application deadline is March 1, 2015. Completed applications should be emailed to Brandy Howard, Scholarship Committee at [bhoward@safety.org](mailto:bhoward@safety.org).

Only the scholarship award winner will be notified. The recipient will be notified by June 1, 2015.

You must sign and date your application to attest that the information provided in your application is accurate and all questions have been answered truthfully. (Electronic signatures are acceptable)

*Failure to submit completed application and required documents will result in an immediate disqualification.*

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_