



## Monty C. Lish & Stanley O. McNaughton Scholarship for Safety & Health Careers

Type or print all information except signatures.  
 Completeness and neatness ensure your application will be reviewed properly.  
 Application postmark deadline is **February 15<sup>th</sup>**.

FOR Scholarship America USE ONLY	I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate your status (for statistical purpose only)  male  female  
 American Indian/Alaska Native  Black/African American  Native Hawaiian/Pacific Islander  
 Asian  Hispanic/ Latino  White  Other

The following information will be used to verify Evergreen Safety Council Membership

**EMPLOYEE/ PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Work Telephone(\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Company name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**POST - SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4yr. College or University  2yr. Community College  Vocational-Technical School  
 Other, explain \_\_\_\_\_

Class standing in the 2012-2013 academic year:  
 1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  5<sup>th</sup> year

Major or course of study: \_\_\_\_\_ When do you expect to graduate? \_\_\_\_\_

Degree sought:  Bachelor's  Associate  Certificate  Other

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship should be included on all attachments.

**WORK EXPERIENCE** Describe your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From Month / Year	To Month / Year	Hours Worked Per Week	Amount Earned Per Week

**ACTIVITIES, AWARDS AND HONORS** List all school activities in which you have participated during the past four years (e.g. music, student government, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Note all special awards, honors, and offices held. Indicate whether activities are high school, college or civic.

Activity	Number of years	Awards/ Honors	Office(s) Held	Activity	Number of years	Awards/ Honors	Office(s) Held

**UNUSUAL CIRCUMSTANCES** (Optional) Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**GOALS AND ASPIRATIONS**

On a separate sheet write an essay describing your education and career plans and how they relate to a safety and health career. This essay can be up to one standard page in length, single spaced with a 12 point font. This essay will be provided to the Evergreen Safety Council.

**APPLICANT APPRAISAL** (required) **Applicant: This section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well. This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated.**

**Appraiser:** You have been asked to provide information in support of the application. Please give immediate and serious consideration to the following statements. When complete, please return to applicant. If you prefer, **photocopy this section** and return to the applicant in a sealed envelope. A letter of recommendation does not replace this section.

This applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
This applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
This applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem solving skills, follows through/completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
Applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A transcript of grades must be sent with this application. On-line transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Grade reports are not acceptable.

1. Students currently or previously enrolled in college or vocational school must include all college or voc-tech transcripts of grades from each school attended. High school information is not necessary.
2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____/4.0 scale	Unweighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application for scholarship becomes complete and valid only when Scholarship Management Services has received all of the following materials:

**Postmark deadline:**  
**February 15<sup>th</sup>**

- Student application with completed Applicant Appraisal
- Current complete transcript(s) of grades (including grading scale). Grade reports are not acceptable.
- Goals and aspirations essay

All materials, including transcripts, must be addressed to:

**Lish & McNaughton Scholarship for Safety & Health Careers  
 Scholarship Management Services  
 One Scholarship Way  
 Saint Peter, MN 56082**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship Management Services. (It is recommended that you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information on this form. Falsification of information may result in termination of any scholarship granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_