*2019-2020 Academic Year*

Type or legibly print all information except signatures.

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline is **February 15, 2019**.

APPLICANT  
DATA

First Name Last Name  Middle Initial

Permanent Home

Mailing Address Apartment #

City  State  Zip Code

Telephone () E-mail Address

Date of Birth **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

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

EMPLOYEE/  
PARENT OR  
GUARDIAN  
INFORMATION

First Name Last Name

Company Name

Work Telephone () E-mail Address

Job Title Department

Address  City  State

Relationship to Applicant

HIGH SCHOOL DATA

School Name  Graduation Date (MM/YYYY)  **/**

City  State  Telephone **(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of school you plan to attend next year. (If unknown, please list in order of preference

POST  
SECONDARY  
SCHOOL  
DATA

the schools to which you have applied.) Use official school names, do not use abbreviations.

City State

City State

🞏 4yr. College/ University 🞏 2yr. Community College 🞏 Vocational-Technical School 🞏 Graduate School

Class standing in the 2019-2020 academic year:

🞏 1st year 🞏 2nd year 🞏 3rd year 🞏 4th year 🞏 5th year 🞏 6th year

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

Degree sought: 🞏 Bachelor’s 🞏 Associate 🞏 Certificate 🞏 Master’s

If more room is needed for any section, please use a separate sheet using the same format. Please do not repeat information already reported on the application form. Your name 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 | Was this a Paid position? |
|  | |  |  |  | Y  N |
|  | |  |  |  | Y  N |
|  | |  |  |  | Y  N |
|  | |  |  |  | Y  N |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

|  |  |
| --- | --- |
| UNUSUAL CIRCUMSTANCES | Please describe if, how, and when any unusual family or personal circumstances may have affected your achievement in school, work experience, or your participation in school and community activities. (This field is optional) |

# 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.

# TRANSCRIPT INFORMATION

A transcript of grades **must** be sent with this application. Unofficial 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 must include all college 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 .

# LETTERS OF RECOMMENDATION

Applicants must submit at least one (1) letter of recommendation from:

a High School Counselor or College Advisor, a Teacher or Professor, a Leader or Supervisor of a community activity in which you were involved, OR an employer or prior safety supervisor.

|  |  |
| --- | --- |
| APPLICATION CHECKLIST  **Postmark deadline: February 15th** | The student is responsible for submitting all by the scholarship deadline. Incomplete applications will not be evaluated. This application for scholarship becomes complete and valid only when the ESC Scholarship Committee has received all of the following materials:  🞎 Completed Student Application. 🞎 Current complete transcript(s) of grades. Grade reports are not acceptable.  🞎 Goals and aspirations essay. 🞎 Letter(s) of recommendation. |

|  |  |
| --- | --- |
| ALL MATERIALS, INCLUDING TRANSCRIPTS,  MUST BE ADDRESSED TO: | ESC Scholarship Committee  Evergreen Safety Council  12545 135th Avenue NE Kirkland, WA 98034 |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |