

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

2018-2019 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 16. 2018**.

Application postm	nark deadline is February 1	6, 2018.	<u> </u>				
APPLICANT	First Name Permanent Home Mailing Address		Last N	Name		Middle Initial	
DATA						Apartment #	
	City		State		Zip Code		
	Telephone ()		E-ma	ail Address _			
	Date of Birth/_	J					
The following info	rmation will be used to veri	fy Evergreen S	Safety Council Me	embership			
EMPLOYEE/ PARENT OR GUARDIAN INFORMATION	First Name		Last N	Name			
	Company Name						
	Work Telephone ()		E-mail Addre	ess		
	Job Title			De _l	partment		
	Address			City		State	
	Relationship to Applicant						
HIGH SCHOOL DATA	School Name			Graduation	Date (MM/YYYY)		
	City		State _		Telephone ()	
POST SECONDARY SCHOOL DATA	Name of school you plan to attend next year. (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/ Univer	sity 🗆 2yr. Co	ommunity College	□ Vocationa	al-Technical Schoo	ol Graduate School	
	Class standing in the 201	8-2019 acade	mic year:				
	☐ 1st ye	ar 🛮 2nd ye	ar 🛮 3rd year	☐ 4th year	☐ 5th year ☐	l 6th year	
	Major or course of study:			W	hen do you expe	ct to graduate?	
	Degree sought:	Bachelor's [☐ Associate	□ Certificate	☐ Master's		

Applicant Nam Monty C. Lish &		cNaughton Schola	rship for Safety & Ho	ealth Careers					
			separate sheet using and name of this scl						
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 🗆			
				L					
AWARDS AND government, sports, etc.). L past four years (e.g. Boy/Gir honors, and offices held. Inc Activity Number of years		ars (e.g. Boy/Girl S offices held. Indic	couts, hospital volunt	eer, Special Olym	pics, etc.). Note all special awards,				
		L L		<u> </u>					
INUSUAL CIRCUMSTANCES		nt in school, work e	when any unusual fan experience, or your pa	nily or personal cir articipation in scho	cumstances may had and community a	ave affected your activities.			

Applicant Name: Monty C. Lish & Stanley O. McNaughton Scholarship for Safety & Health Careers					
On a separate sl		your education and career plans and how they relate to a safety standard page in length, single spaced with a 12 point font.			
TRANSCRIP	T INFORMATION				
	d credit hours earned for each co	plication. Unofficial transcripts must display student name, school ourse, and term in which each course was taken. Grade reports			
		ge must include all college transcripts of grades from each school			
 attended. High school information is not necessary. 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 . 					
Applicants must a High Scho	_	recommendation from: r, a Teacher or Professor, a Leader or Supervisor of a community employer or prior safety supervisor.			
APPLICATION CHECKLIST 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:					
Postmark deadline: February 16 th	☐ Completed Student Application.	· ·			
	☐ Goals and aspirations essay.	☐ Letter(s) of recommendation.			
ALL MATERIALS, MUST BE ADDRI	INCLUDING TRANSCRIPTS, ESSED TO:	ESC Scholarship Committee Evergreen Safety Council 12545 135th Avenue NE Kirkland, WA 98034			
information provi	ided is complete and accurate to is form. Falsification of informa	et eligibility requirements as described in the brochure and that the o the best of my knowledge. If requested, I will provide proof of ation may result in termination of any scholarship granted.			
Applicant's Signa	ature	Date			
Employee's Sign	pature	Date			