

Western New York Safety Conference, Inc.

ANNUAL SAFETY SCHOLARSHIP

PERSONAL INFORMATION

Name: _____
Last First Initial

Social Security Number: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____
Area Code Number

Local Address: _____
Street City State Zip Code

Local Phone: _____
Area Code Number

COLLEGE RECORD

FINANCIAL AID

College/University: _____

Do you receive:

Major: _____

TAP _____

Minor: _____

PELL _____

Extra Curricular Activities: _____

Class Level for 2009-2010: _____

State your cumulative average as of the end of Fall 2009: _____

Semester: _____

Undergraduate

Graduate

Anticipated date of program completion: _____
Month Year

APPLICANT'S ESSAY:

Please prepare a concise typed essay (400-500 words) regarding your background, including educational and career goals dealing with safety and health issues and how it will impact on your future career. List all professional affiliations. Be sure to include your name and student number on the essay.

APPLICANT'S STATEMENT:

I certify that to the best of my knowledge all information and statements are correct and accurate. I further understand that this application, the essay, references, a certification of my cumulative grade point average and enrollment status may be given to the scholarship committee members of the donor organization(s) for their review.

Signature

Date