

For Member Company Employees or Their Children

**Eligibility:** Applicants must be high school graduates or seniors, and they must be an employee or a dependent of someone employed by a company with membership in the Houston Council of Safety Professionals.

**Application:** A student seeking the scholarship should complete the attached application form and send it to the Houston Council of Safety Professionals along with a recent black and white photograph, a certified copy of your transcript, one to three letter of recommendation and an accompanying letter of intent. This letter should include information on current and planned studies, career goals, interests, and the reason for applying for the scholarship.

**Selection:** The Executive Board of the Houston Council of Safety Professionals will choose the recipient and the funds will be sent directly to the recipient's school. The Executive Board is comprised of eight persons from active member companies.

**Deadline for applying:** Applications must be <u>received</u> by the second Friday in June, for the scholarship to be awarded for the following academic year.

## APPLICATION FOR HOUSTON COUNCIL

OF

## SAFETY PROFESSIONALS

SCHOLARSHIP

## **Application for Houston Council of Safety Professionals Scholarship**

A scholarship from the Houston Council of Safety Professionals will be awarded in consideration of an applicant's academic achievements, community involvement and financial need. It is awarded for one year in the amount of \$1,000.00. It is valid for the academic year it is awarded.

Applicant must:

- 1. be an employee/dependent of an HCSP member company
- 2. maintain full time student status (12 semester hours)

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Name					
Present Address_					
Telephone number_					
Permanent mailing address					
Telephone number Social Security No					
Date of Birth Age Single Married No. of Dependents					
2. School History					
High School_					
Year of High School Graduation Cumulative Grade Point Average on a scale					
ACT score or SAT score					
Name of College or University					
Years of College Completed Grade Point Average on a scale (if applicable)					
Activities, Awards and Honors (List on a separate sheet if needed)					
3. Additional Information					
Hobbies and recreational interests					
Your affiliation with the HCSP (indicate name of both relative and member company)					

If you have ever been arrested, explain fully  Employment record: (list most recent employer first)					
Your income last year _		_ Spouse's income			
Father's Name					
Father's Occupation					
Father's Address					
Mother's Occupation					
Mother's Address					
Number of Dependent's	other than applicant at home	·			
Estimated annual family	income (include non-custod	lial parent separately, if app	blicable) \$		
Other financial resource	s, assets and savings your far	mily may have in addition (	to their yearly income		
List the type and amoun	t of any other financial aid y	ou may be receiving			
Should you be awarded	a scholarship, please provide	the name, phone number a	and address of the		
college/university where	e the funds should be sent:				
□ completed ap		CKLIST □ d white photograph hree letters of recommenda	☐ official transcript		