

Ashtabula County Safety Council

Assisting business & industry in providing a safe and healthful workplace

440-576-5506 acsc@acjvs.org

SAFETY COUNCIL SCHOLARSHIP APPLICATION ELIGIBILITY AND GUIDELINES

Application Eligibility Requirements:

- Applicant must have a high school diploma or GED.
- Applicant must be a U.S. Citizen or Legal U.S. Residents
- Applicant must be a resident of Ashtabula County.
- Applicant must be an employee, or spouse/ child of an employee of an active member company of the Ashtabula County Safety Council.
- Applicant must show a desire to complete a training/degree program at an accredited institution.
- Priority will be given to Applicant's who show an interest in Safety Related Training or Education but may be awarded to a student in any career field.

Application Instructions:

- A completed and signed Application.
- Attach a typewritten essay. (see application for details)
- Attach three letters of recommendation. (see application for details)
- Please make sure the Applicants name is on every page submitted.
- Please attach a copy of an acceptance or enrollment letter from the College/University or Career Technical School.
- Proof of enrollment in an accredited school must be furnished to the ACSC Scholarship Committee prior to issuance of check.

Additional Information and Guidelines:

- Application must be available for an interview if necessary.
- By submitting the application for eligibility, the applicant agrees to allow use of their submission, name and image for promotional use by the Ashtabula County Safety Council.
- Successful applicants must obtain and maintain good academic and attendance status in their education
- Scholarship checks will be issued to the student and the school for signature.
- Scholarship will be awarded one time **not** on an annual basis, if a scholarship winner wishes to receive the scholarship again, they must reapply again.
 - The amount will be determined by the ACSC Board of Trustees and is dependant upon the available budget.
- Scholarship award amounts may be subject to demonstration of need and may be released in part or in whole.

Selection:

- All applicants will be considered on an individual basis. The decision of ACSC Board of Trustees is final and cannot be appealed.

Deadline:

- All completed applications and documentation must be postmarked at the ACSC Office no later than February 11, 2011.
 - Late or incomplete applications will not be considered.
- Mail completed application to:

Ashtabula County Safety Council
ATTN: Tina Ray, Manager
c/o Ashtabula County JVS
1565 State Route 167
Jefferson, Ohio 44047

Above are the guidelines for ACSC Scholarship Program. ACSC does not discriminate on the basis of sex, race, creed, color, national origin, physical handicap, sexual orientation or age. The ACSC reserves the right to amend these guidelines as required.

**Ashtabula County Safety Council
SCHOLARSHIP APPLICATION**

1565 State Route 167, Jefferson, Ohio 44047
440-576-5506 acsc@acjvs.org

PERSONAL INFORMATION: (PLEASE TYPE OR PRINT)

Date: _____

Name: _____ SS# or Alien Registration Number: _____
 Last First M.I.

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Date of Birth: _____

Email Address (if applicable): _____

ASHTABULA COUNTY SAFETY COUNCIL MEMBER INFORMATION:

Ashtabula County Safety Council Member Company's Name: _____

Family Member's name who is employed at Company above (or self): _____

WORK EXPERIENCE:

Employed: (circle one) Part-Time Full-Time Not Employed

Present Employer: _____

Employer Address: _____

Position Title: _____

Supervisor's Name: _____ Telephone: _____

HOUSEHOLD INFORMATION:

List the people in your household, including yourself and or others supported by your family):

Name	Relationship	Age	College Student This Fall?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

TUITION and COST OF ATTENDANCE

Expenses associated with the pursuit of your education: (circle one) Per Semester Per Quarter Per Year

Tuition and Fees: \$ _____ Books: \$ _____

What other Grants or Scholarships are you receiving or expect to receive toward your tuition costs:

EDUCATION:

High School Attended: _____
Year Graduated: _____ High School GPA: _____

I am currently/will be attending:
Post-Secondary School (College, University or Career Technical School): _____

School Address: _____
Telephone Number: (include area code) _____
Major or Course of Study: _____ Current GPA (if already attended): _____

ADDITIONAL INFORMATION:

Please attach a typewritten essay describing all of the following:

- ❖ Your educational and career goals;
- ❖ Any financial hardships or difficulties that should be considered (such as child care, transportation, high living expenses, medical bills, etc.);
- ❖ Why you feel you are deserving of this scholarship.
- ❖ How you plan to use your course of study to pursue a career in your field.

LETTERS OF RECOMMENDATION:

Please enclose **three letters of recommendation** from former teachers, school officials, social workers, employers, or other persons not related to you. Letters of recommendation must be written on letterhead, include the individual's name, address, and phone number, and must be signed, dated, and returned directly to you for inclusion with this application. It is recommended that these people be from different aspects of your life and include, at least, the following: length of time they have known you, how they know you, what they know about you with regards to your background, character, worthiness as a potential recipient, and any other pertinent information having to do with your application with the Ashtabula County Safety Council.

PLEASE COMPLETE AND SIGN

- I understand that this application will not be considered for review unless all requested materials are enclosed, the application signed, dated, hand stamped and delivered or received at the ACSC Office no later than **February 15, 2011**.
- I hereby acknowledge that all of the information included in this application packet is true and complete to the best of my knowledge.
- I also understand that all applications will be held confidential, but no application material will be returned.
- Should I be selected as an ACSC Scholarship recipient, I agree to have my name used in publicity for the program.
- I understand that due to funding limitations, not every eligible application will receive an award.
- Incomplete or late applications will not be considered.
- The scholarship check will be mailed to the school of choice and will require both an authorized school representative signature and the student signature.
- Scholarship recipients will be notified by the ACSC Scholarship Committee.

My signature certifies that I have read, understand, and agree to the terms and conditions of this application and that all information I have provided on this application is correct.

SIGNATURE _____ DATE _____

Board of Trustee Use Only:

Date application received: ____/____/____ Application completed as requested: YES NO

Reviewed by Scholarship Committee on: ____/____/____ Scholarship Awarded: YES NO

If awarded, amount awarded: _____ Check Number: _____

Check made out to: _____ Check mailed to: _____

Signature of Scholarship Chairperson: _____

Printed name of Scholarship Chairperson: _____