

Tennessee Safety & Health Congress 2024 Scholarship Program Application

https://www.tnsafetycongress.org

Male

Female

All applications & materials must be received by March 31, 2024

Section I: [To Be Completed By Student]

General information.

1. Name:

A.

2.	Permanent Address:	Email:					
	City	State		Zip			
	Daytime Phone # (for award notification) Social Security #						
	University:		City/Sate				
	Number of Credits this Term: Credits Completed Toward Degree: Overall GPA:						
	ASSE or AIHA Student Membership Number:						
	Planned Graduation Date:		Degree Program:				
	(Circle One):	Undergraduate	Masters	Doctorate			
3.	Eligibility criteria (documentation	on required).		Che	eck-Box		
	a. Original transcripts from c official seal.	ompleted graduate cou	rses and undergra	duate degrees or undergraduate cour	ses with		
	Verifies good academic standing						
	S			ast 3.5 out of a 4.0 system for all 4.0 system for undergraduate degree.			

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Section II: [To Be Completed By Faculty Member]

A.	Faculty Member Name:	Title:				
	Institution:					
	Department:					
	Address:					
	City:	State	Zip		_ Daytime Phone#:	
	Fax:			Email:		
В.	Certification:					
	includes verification of office	cial enrollment in an	occupational	safety & h	e eligibility criteria in Section I, and specifically health or closely related field program and verifi hours or more for graduate students.	
C.	Attached Reference Letter: I	ndicate candidate's	strong points a	nd why yo	ou feel he/she should receive an award.	
Sions	iture:			Date		