

# Northern Region Association of Safety Professionals NRASP Scholarship Application Form

## **General Information**

---

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / email: \_\_\_\_\_

## **Employment Information**

---

Please list your work experience starting with current position

| Employer | Position | Dates worked | Supervisor |
|----------|----------|--------------|------------|
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |
|          |          |              |            |

## **Academic Background Information**

---

|                    | School Attended | Dates |
|--------------------|-----------------|-------|
| High School        |                 |       |
|                    |                 |       |
| College/University |                 |       |
|                    |                 |       |
| Other              |                 |       |

# Northern Region Association of Safety Professionals NRASP Scholarship

## **Program You Are Seeking Scholarship Support**

---

Class Name: \_\_\_\_\_ Total Tuition Cost (this year): \_\_\_\_\_

Certification you are seeking: \_\_\_\_\_

Name of Educational Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street                                City                                State                                Zip

## **Applicant Questionnaire**

---

What specifically interests you about the safety field?

Tell us about a time that you corrected a safety hazard?

Please describe your involvement with safety committees or safety minded organizations.

Please describe your community involvement.

Please describe how this scholarship will benefit you in your career path.

I have completed this form to the best of my knowledge and have answered each question truthfully. I give NRASP permission to verify the information I have provided.

---

**Signature**

**Name**

**Date**

Return completed application to: NRASP Scholarship Committee  
PO Box 1663  
Fargo, ND 58107

**Office use only**

---

Date Received: \_\_\_\_\_ Application Complete:  Y  N

Approved  Not Approved and why \_\_\_\_\_

---

Applicant Notified by \_\_\_\_\_ Date \_\_\_\_\_



# Northern Region Association of Safety Professionals NRASP Scholarship

In your own words please explain why the applicant is deserving of this scholarship.

---

**Person Recommending Applicant:**

Name:

Address:

City:

State:

Zip:

Phone:

email:

---

Signature

Date

# **Northern Region Association of Safety Professionals**

## **NRASP Scholarship**

### **Policy and Procedures**

The Northern Region Association of Safety Professionals (NRASP) mission is to enhance the development of safety, health and environmental professionals. In the spirit of this mission the organization has set aside funding to assist applicants in the area looking to further their education and/or training in safety.

The NRASP Scholarship is made possible by various fund raising opportunities provided by NRASP where its members can support the efforts of the organization. These include the proceeds from the NRASP Golf Outing, NRASP Safety Conference and other various programs.

#### **Policy Statement**

NRASP is committed to educating our members and the community about safety and safety related topics. As evidence of the commitment, NRASP offers the NRASP Scholarship to applicants who intend to pursue additional education in safety.

#### **Purpose**

The NRASP Scholarship program is designed to encourage applicants to upgrade their skills in areas related to safety and environmental health. It is designed to assist these students or professionals with tuition assistance funds to further their education. **2 scholarships, up to \$500 each, will be available yearly.**

#### **Eligibility:**

##### Student

1. The applicant must be pursuing a career in which a safety related course is required.
2. The applicant must have a high school diploma or GED.
3. Eligible candidates must fully complete the attached application form, application questionnaire and have a School Guidance Counselor complete the recommendation form.

##### Employee

1. The applicant must currently be employed in a safety sensitive position or be pursuing such a role with his/her current employer.
2. The training sought after must be directly related to safety and environmental health and be offered by a reputable organization or training company.
3. Eligible candidates must fully complete the attached application form, application questionnaire and have a Supervisor complete the recommendation form.

**Criteria for Selection:**

1. All training must be offered by a reputable organization or training company.
2. Applications must be mailed to the NRASP Scholarship Committee at PO Box 1663 Fargo , ND 58107.
3. Applicants must provide a completed recommendation form from their direct Supervisor or Manager before scholarship will be processed. Topics discussed are engagement, participation, safety record, resourcefulness, problem solving and value of training to the company.
4. If a student applicant must provide a completed recommendation form from their School Guidance Counselor
5. All applications will be reviewed by the NRASP Scholarship Committee with final approval from the NRASP Board of Directors.

**Conditions:**

1. Scholarship funds are available to cover training courses and materials associated with training. It cannot be used to travel, meals or lodging.
2. Funds must be returned if the applicant is unable to attend the scheduled training. These situations will be reviewed by the NRASP Scholarship Committee.
3. Scholarship funds will be paid directly to the employee's company. Not the individual to be trained.

**Procedures:**

1. Application forms may be obtained by sending a request to the NRASP Scholarship Committee.
2. Eligible candidates must fully complete the attached application form, application questionnaire and have a Supervisor or (if a student) School Guidance Counselor complete the recommendation form.
3. Applicants must provide a written recommendation from their direct Supervisor/Manager or (if a student) School Guidance Counselor before scholarship will be processed. Topics discussed are engagement, participation, safety record, resourcefulness, problem solving and value of training to the company.
4. The scholarship application form, application questionnaire and recommendation form must be mailed to the NRASP Scholarship Committee. The scholarship approval will be made within 60 days of receiving the application.
5. Scholarship funds will be paid directly to the employee's company. Not the individual to be trained.
6. If a student, scholarship funds will be paid directly to the institution being attended.
7. Any questions about the scholarship program, application process or policies and procedures may be addressed to the NRASP Board of Directors

**Awards Ceremony:**

The scholarship will be awarded at the \_\_\_\_\_ monthly membership meeting.