

Kentucky Safety and Health Network Foundation, Inc.

SAFE Award Application

PLEASE TYPE OR PRINT IN EACH BOX BELOW
FORM MUST BE PRINTED & COMPLETED WITH SIGNATURE

Name _____

Current Address _____

City _____ State _____ Zip Code _____

Current Phone (_____) _____ Email _____

Permanent Address (if different) _____

City _____ State _____ Zip Code _____

Permanent Phone (if different) (_____) _____

Current University _____

Discipline OS&H ____ Ind. Hygiene ____ Related field (specify): _____

Undergraduate GPA: _____ Graduate GPA (if applicable): _____

Projected Date of Degree Completion: _____

I am classified as a full-time: Junior ____ Senior ____ Graduate Student ____

Check the applicable blank and complete information where requested:

____ I am a KY resident attending KY university, in a traditional program of study.

____ I am a KY resident attending KY university, in an online program of study.

____ I am a KY resident attending an out-of-state university

____ I am an out-of-state resident attending a KY university

I hereby declare that all information on this application and submitted in support of this application is true. By my signature, I understand that falsification of such information will result in the forfeiture of any award I might receive.

Signature: _____

Date: _____

KSHNF Use Only

Date received: _____