

SCHOLARSHIP APPLICATION

Applications must be postmarked on or before November 1st.

Mail your completed application to: ROB MILLER, CSP, OHST, CUSP, CSC, CIT ASSP-STL Scholarship Chair 7090 Stony Ridge Road St. Louis, Missouri 63129

PLEASE COMPLETE THE FOLLOWING GENERAL INFORMATION:

Name:	Phone:		
University Attending:			
Degree:			
Circle one: Undergra	aduate Graduate		
Street Address:			
City, State & Zip:			
E-mail:	ASSP Membership No. (if applicable):		
If you are an immediate family member of a ASSP - St. Louis Chapter member – their Name and ASSP Membership No.:			
Please attach transcript and faculty Letter of Recommendation.			

Na	rrativ	e es	ssay:

Signature:	Date:	