

2025 COASTAL BEND ASSP STUDENT SCHOLARSHIP APPLICATION

Who can apply: High School and College Students pursuing degrees in Public or Occupational Safety including, but not limited to, Law Enforcement, Fire Fighter, Emergency Medical Technician, Nursing, Occupational Medicine, Occupational Safety and Health, Industrial Hygiene, or Process Safety Management. ASSP membership is not a prerequisite.

PPLICANT INFORMATION				
Name:				_
First			Last	
		imary Contact Number:		
Address:	City:		Sta	ate: Zip:
Email:			_	
How did you hear about this se	cholarship opportun	ity?		
ON DENIA DRAFILE				
Discount of your birth of	ahaal tuanaanint if a biah	ما المعامم المعامم	to within the loot five (F)	veces and/ar convert college
Please attach a copy of your high so transcript.	cnool transcript if a nign	school graduat	te within the last five (5)	years and/or copy of college
High School Name:				
High School GPA:	Class Rank:	0	out of	
Test Scores: SAT: Math:				
College Attending:		Major:		
Current GPA:				
ORT ESSAY				
Please submit a 500-to-600 word type Scholarship from the Coastal Bend (•	hy you should re	eceive an American Soc	ciety of Safety Professionals
TTERS OF RECOMMENDATION				
Please attach two (2) letters of reco				
you and your qualifications, including	g academic achieveme	nts, leadership	abilities, volunteer comr	mitments, extracurricular
activities, and personal interests.				
IBMISSION DEADLINES				
Applications must be received no	later than April 30, 20)25		
RTIFICATION AND SIGNATURES				
I certify that the information on	this form, together with	information con	tained in any document	ation attached, is true and
	. •	information con	tained in any document	ation attached, is true and

Applicant's Signature

Date