

**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:**

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| **Name:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. |
| **University Attending:** Click or tap here to enter text. | |
| **Degree:** Click or tap here to enter text. | |
| **Check one:  Undergraduate  Graduate** | |
| **Street Address:** Click or tap here to enter text. | |
| **City, State & Zip:** Click or tap here to enter text. | |
| **E-mail:** Click or tap here to enter text. | **ASSP Membership No. (if applicable):**  Click or tap here to enter text. |
| **If you are an immediate family member of a ASSP - St. Louis Chapter member – their Name and ASSP Membership No.:**  Click or tap here to enter text. | |
| **Please attach transcript and faculty Letter of Recommendation.** | |
| **Narrative essay:** Click or tap here to enter text. | |
| **Signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |