

**Scholarship Program for Employees of Member Companies of the  
Capital Area Safety Council  
July 1, 2010 through June 30, 2011**

### **Award Background**

At their discretion, based on available funds, the Capital Area Safety Council (CASC) Steering Committee will allocate a total of \$5,000.00 for scholarships to financially assist employees of member companies during the 2010-2011 program year to complete safety-related course work or professional certifications. Preference will be given to accredited courses, events offering Continuing Education Units (CEUs), or widely recognized professional certifications. The maximum amount of any individual scholarship will be \$1,000.00. These are one-time awards available for member company employees in good standing with the CASC and their employer. Previous recipients may reapply in the next program year if scholarship funds from the CASC are offered. Multiple employees of a member company can apply and be granted an award in a program year. Scholarship awards must be used to defray the cost of tuition, fees and expenses directly relating to qualified, safety-related education. The awardees must show proof of their expenses and that they successfully completed the safety course work before reimbursement will be made. A CASC Scholarship Steering Committee consisting of the Scholarship Chair and at least two other CASC Steering Committee members is responsible for selecting the awardees. The CASC Scholarship Steering Committee reserves the right to not grant a scholarship if, in their opinion, not enough qualified applications are received and may also redirect funds from one set of scholarships to another. Scholarship funds are disbursed directly to the member company or employee in the form of a reimbursement only after proof of expenses and the successful completion of the approved safety course work.

### **Eligibility**

An applicant must be an employee of a member company in good standing with the CASC. To be in good standing, the member company must be on schedule to complete all the requirements necessary to receive the Ohio Bureau of Workers' Compensation rebate in the program year of the scholarship application. Spouses, children, grandchildren or other non-employees of a member company are not eligible for this scholarship program. Steering Committee members, their employer(s) and any other persons associated with administering the CASC are not eligible to receive scholarship awards.

### **Selection Procedures**

The CASC Scholarship Steering Committee will evaluate and rank candidates on the basis of their desired safety-related course work, their career essay and the letters of recommendation and other documentation received with the application. Preference will be given to accredited courses, events offering Continuing Education Units (CEUs), or widely recognized professional certifications. Examples of preferred course work include, but are not limited to:

- Associate Safety Professional (ASP) / Certified Safety Professional (CSP) / Certified Industrial Hygienist (CIH) / Certified Hazardous Materials Manager (CHMM) designations
- OSHA Authorized Trainer for General Industry and Construction / OSHA 10 Hour / OSHA 30 Hour Training
- Accredited safety course work, certifications or educational training from professional organizations like the American Society of Safety Engineers (ASSE), National Fire Protection Association (NFPA) or National Safety Council (NSC).
- CPR/AED/First Aid/Drug Free Workplace training
- Department of Transportation (DOT) certification (hazardous materials shipping)

This list is provided as an example only. All safety-related educational opportunities will be considered for a scholarship award.

### **Application**

The deadline for submitting applications during the 2010-2011 program year will be 05/31/2011. Applications postmarked after the application period will not be considered. Applications are to be addressed to:

**The Capital Area Safety Council c/o Safex, Inc. 140 N. Otterbein Avenue, Westerville, OH 43081 Fax : 614-890-0801**

If an applicant wishes to receive an acknowledgment that their application was received, they should include a stamped, self-addressed postcard or envelope with their application. All applicants will be notified after the application deadline whether or not they were selected to receive a scholarship reimbursement and the amount of the award. The scholarship is valid for the course work noted on the application only in the program year in which it was approved. If scholarship funds are still available after the initial application period, the CASC at its discretion may announce additional application periods in the program year.

### **Reimbursement**

In order to receive reimbursement for an approved scholarship award, the member company or employee must provide the CASC with satisfactory proof of the expenses incurred and the successful completion of the educational session(s). Applicant attendance at educational sessions of a safety-related conference or other event must be documented before reimbursement will be made. Award recipients shall not request reimbursement from the CASC for any expenses being paid by another source (herein called "double reimbursement"). All course work and related reimbursement requests for the 2010-2011 program year must be completed and postmarked to the CASC by May 31, 2011. Reimbursement requests received after this date will not be awarded. Reimbursement requests are to be addressed to the Capital Area Safety Council at the address listed above. Consult your tax advisor if you have tax-related questions about scholarship awards.

### **Program Subject to Change**

All CASC scholarship award decisions made by the Steering Committee are at their discretion. This program is subject to change and may be revised, updated, or canceled by the CASC without notice.

# Application Form

## **Scholarship Program for Employees of Member Companies of the Capital Area Safety Council**

The application is to be completed by the applicant. Answer all the questions completely. Please type or print neatly. Attach a separate sheet if needed for additional explanation.

### **I. Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

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

### **II. Desired Safety-related Course Work**

Name and description of the course work Organization offering the course work Date(s) of course work Location (City and State) Telephone number of the Org. offering the course work Anticipated expenses to complete course work Website or e-mail of the Org. offering the course work Certifications or continuing education units to be received after completion

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### **III. Workplace Application of Safety-related Course Work**

Provide a description of how this course work will increase safety. Explain what you hope to accomplish after completing this course work.

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### **IV. References**

Please include at least one reference from your employer stating why your completion of the desired course work will increase safety. The reference individual(s) should be management-level employees of your company. Use the space provided or attach additional sheets.

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Signature/title of the company officer providing the reference

\_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

**(Continued....)**

**V. Expenses for Reimbursement (attach detailed invoices or receipts)**

Travel: \_\_\_\_\_ Materials: \_\_\_\_\_

Tuition: \_\_\_\_\_ Lodging: \_\_\_\_\_

Fees: \_\_\_\_\_ Other \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Award Amount approved by the Capital Area Safety Council (CASC): \_\_\_\_\_

**VI. Signature**

I attest that I have successfully and fully completed the above safety-related course work listed in Section II and have incurred the expenses listed in Section III. I further attest that these expenses that I am requesting reimbursement for from the CASC have not nor will not be paid by another source (double reimbursement). I have provided accurate and detailed receipts of my expenses.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature/title of the company officer: \_\_\_\_\_ Date \_\_\_\_\_

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**Capital Area Safety Council Use Only** Amount Awarded:

Check No. \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

2010-2011