



SAFETY ASSOCIATION OF RHODE ISLAND, Inc.

Scholarship Application

SARI Scholarship, established 1990, is to make funds available to those in need. Scholarship funds are for participation in formal training or education related to Safety / Industrial Hygiene / Health / or Environmental disciplines. Any active member or child of an active member may apply.

Applicant Name: _____ Date: _____
First Middle Last Month Day Year

Business or Academic Affiliation: _____
Name of employer or institution

Related Address: _____
Street / P O Box City State Zip

Related tel: _____ cell: _____ fax: _____ e-mail: _____

Occupation: _____ Present Position: _____

Alternate Address: _____
Optional if Preferred Street / P O Box City State Zip

Alternates - tel: _____ cell: _____ fax: _____ e-mail: _____
Optional if Preferred

Please provide documentation with this form regarding the following:

Course/Class/Seminar: _____

Conducted By: _____

Location(s)/Date(s)/Time(s): _____

SARI Scholarship maximum is \$500 per year for any one individual. Amount you are requesting: _____

Please provide the Board with a brief statement of your purpose for taking this course of study:

Signature of Applicant: _____ Date: _____

Interviewed by Board of Directors member: _____ on ____ / ____ / ____

Board of Directors' Action: Approved / Not Approved; per _____ on ____ / ____ / ____
Responding Board Officer