

Sample Application



StayALERT School Safety Program | Safety Scholarship application

Applicant Information

Name: _____

School District: _____ Campus: _____

Grade or Job Title: _____ Email: _____

Position:

Student

Other:

Teacher

Administrator

Initiative & Impact

My safety initiative addresses the following safety concern/s that are reportable to StayALERT: (Check all that apply)

Bullying

Vandalism

Drugs/Alcohol

Weapons

Fighting/Violence

Self-harm/Suicide

Theft

Other:

Threat/Harassment

What is the safety initiative you want to plan at your school to combat some of the reportable items through StayALERT: bullying, drugs/alcohol, harassment, self-harm, etc.? Why would this scholarship make an impact on safety at your school? Use the space provided to be as specific as possible. (Limit: 1,000 words)

