



# 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)

Email your application as an attachment to [admin@styalert.info](mailto:admin@styalert.info).  
All applications must be received by March 13 to be considered.