

WCF MUTUAL INSURANCE COMPANY

2021-2022 UNDERGRADUATE SCHOLARSHIP APPLICATION

WCF Mutual Insurance Company | 100 West Towne Ridge Parkway | Sandy, Utah 84070

The Program

WCF Insurance is the largest workers' compensation insurance carrier in Utah, insuring approximately 19,000 Utah employers and their employees. In an effort to further serve these employers and employees, WCF Insurance sponsors undergraduate education in occupational safety and health studies. This scholarship assists students seeking to complete the Minor in Occupational Safety & Health offered through the University of Utah's Department of Health, Kinesiology and Recreation. Students completing the minor may become graduate-level students studying occupational medicine, safety, ergonomics, industrial hygiene and occupational injury prevention at the University of Utah's Rocky Mountain Center for Occupational and Environmental Health (RMCOEH). WCF Insurance will award individual scholarships valued up to \$1,500 to be used for tuition, fees, and full-time academic expenses. The program is administered by WCF Insurance.

Requirements

To be eligible, an entering student must:

1. Be a current undergraduate student in good standing at the University of Utah.
2. Have an overall undergraduate GPA of 3.0 (on a 4.0 scale) or better.
3. Provide **unofficial transcripts from the University of Utah and all colleges and universities attended (For academic questions related to the minor or this application contact Les Chatelaine at Les.Chatelaine@utah.edu).**
4. Provide a letter of recommendation from a faculty member (not necessary if you are already in the College of Health undergraduate program).
5. Complete the WCF Undergraduate Scholarship application form.

For students who have completed one class and have completed or are enrolled in a second class in the minor no letters of recommendation are required. All other requirements as listed above must be met.

How Scholarship recipients are chosen

Selection criteria include:

- Past academic performance;
- Professional, work, or personal experience;
- Financial need; and
- Potential to complete the program and contribute to worker health and safety.

Selections will be made by a panel chosen by WCF Insurance.

What obligations are associated with the program?

Students receiving this scholarship will be required to maintain at least a 3.0 GPA or better in their selected field of study.

How to apply

Interested individuals should complete the scholarship application. The completed application, transcripts and letters of recommendation should be submitted to Dan Hair or Les Chatelaine. If you have questions, please contact Dan Hair at 801-703-5437; olprofessor@yahoo.com or Bonnie Green at 385-351-8234; broundy@wcf.com.

Completed application forms, transcripts and letters of recommendation must be received at WCF Insurance, 100 West Towne Ridge Parkway, Sandy, Utah 84070, **Attention Bonnie Green – Legal Dept.** by **March 5, 2021**. The applicant is solely responsible to assure all materials are received at WCF Insurance's office by the deadline.

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INSTRUCTIONS

All blanks must be completed. If answer is "none" or "does not apply", so indicate. To be valid, this form must be signed. Completed applications as well as transcripts and letters of recommendation must be received in the office of WCF Insurance by **March 5, 2021**.

Personal information

Name (Last, First, Middle)			
Street address	City	State	Zip
Date of birth	Citizenship		
Home phone number	Cell phone number	Email address	

Education

College or University	Expected graduation date
Undergraduate field of study	Area of emphasis
Planned graduate program (if any)	

1. Will you receive any other scholarship(s), tuition support, stipend or award while enrolled at the University of Utah for this next academic year? Include scholarship awards. If yes, give source(s) and amount(s).

2. On a separate sheet of paper, state your short and long-term goals, especially as related to a career in safety and ergonomics, industrial hygiene, or occupational injury prevention. Please specify how funding would help achieve your goals.

Date

Applicant's printed name

Applicant's signature