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Tell us about your financial need/why you are requesting tuition assistance.

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I, \_\_\_\_\_ (print name), give consent to IMPACT Safety to contact my present employer regarding my employment status only. I attest that the information I have provided is true and accurate. If the information provided is found to be false, revocation of any or all tuition assistance money granted to me may be the result.

Applicant's signature

Date

Deposit Due: \$100.0      0

Amount of Tuition Assistance you are requesting:

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**IMPACT Safety**  
1699 West Mound Street • Columbus, Ohio 43223  
614-437-2936 • [www.impactssafety.org](http://www.impactssafety.org)  
A Program of LifeCare Alliance • [www.lifecarealliance.org](http://www.lifecarealliance.org)