

Personal Statement

Date of IMPACT Safety Basics Course you wish to take:

Why do you want to take this course?

What do you anticipate getting out of the course?

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

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: \$150.00

Amount of Tuition Assistance you are requesting: _____