



Center for Life Safety Education

## Center for Life Safety Education

An educational affiliate of the American Fire Sprinkler Assn.

12750 Merit Drive, Suite 350 • Dallas, TX 75251

Phone: (469) 385-7638 Fax: (214) 343-8898 Web: www.clse.org

### THOMAS S. WALLER MEMORIAL SCHOLARSHIP APPLICATION

- Winner receives **\$4,000** scholarship, paid directly to Oklahoma State University (OSU) into the student's account.
- Eligible applicants for the Thomas S. Waller Memorial Scholarship will be juniors or seniors in the fall semester *after* the scholarship is awarded (i.e. if the scholarship is awarded in the Spring, applicants must be juniors or seniors in the Fall semester of that calendar year and enrolled in the Fire Protection And Safety Technology program at OSU).
- Applicants must request an official transcript from the University to be mailed to the Center for Life Safety Education (CLSE) (*see address above*).
- Applicants must obtain letters of recommendation from two professors: one in the Fire Protection Technology Department and the other from any department at OSU. These letters must be mailed directly from the professor to CLSE at the address listed above.
- Eligible applicants must have a minimum cumulative GPA of 3.0.
- To apply, complete this application form.
- All applications must be postmarked no later than **April 1** of the year in which the scholarship is awarded.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

OSU Residence Address: \_\_\_\_\_

(if different from home address)

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

OSU Student ID #: \_\_\_\_\_

Date of Admission to Oklahoma State University \_\_\_\_\_

Approximate G.P.A.: Freshman Year \_\_\_\_\_

Sophomore Year \_\_\_\_\_

Junior Year \_\_\_\_\_

### EXTRACURRICULAR ACTIVITIES

1. **Freshman Year** \_\_\_\_\_

2. **Sophomore Year** \_\_\_\_\_

3. **Junior Year** \_\_\_\_\_

\_\_\_\_\_

## Thomas S. Waller Memorial Scholarship Application - Page 2

High School Attended: \_\_\_\_\_

High School Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

### **NOTE:**

*Please type your answers to the following questions on a separate sheet of paper.*

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### **GENERAL QUESTIONS**

1. Please list, in order of importance to you, five (5) activities you participated in since your senior year of high school that meant most to you.
2. Please list all relevant employment that you have held since graduating from high school. Please include your employer, position, weekly hours worked, and dates of employment.
3. Please indicate any additional talents or skills you possess which the Scholarship Committee should consider.

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### **ESSAY QUESTIONS**

1. This is your opportunity to tell us about yourself. What would you most like the Scholarship Committee to know about you when reading your application?
2. If you had to choose a single adjective to describe yourself, what adjective would you select and why?
3. Briefly describe the factors that have influenced your interest in studying fire protection technology.

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### **SCHOLARSHIPS, AWARDS, & HONORS**

1. Please tell us about any scholarships or awards that you have received since your graduation from high school.

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### **REFERENCES**

You will find a recommendation form attached to this application. Make a copy and please ask two (2) professors to fill out separate recommendation forms. At least one professor should be from the OSU Department of Fire Protection And Safety Technology. The other may be from any department of your choice. Have the professors mail the recommendation directly to:

Center for Life Safety Education  
Thomas S. Waller Memorial Scholarship Committee  
12750 Merit Drive, Suite 350  
Dallas, TX 75251

**Mail completed scholarship applications to the address above as well.  
Please note that all applications and recommendation forms  
must be postmarked by April 1.**



Center for Life Safety Education

## Thomas S. Waller Memorial Scholarship Professor Recommendation Form

*Please mail completed recommendation form by April 1.*

**Student Name:** \_\_\_\_\_

**Professor:** The above student is applying for the Thomas S. Waller Memorial Scholarship. Your candid evaluation will be helpful to the Scholarship Committee.

**Background Information:**

How long have you known this student and in what capacity?

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What are the first words that come to your mind to describe this student?

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Please write whatever you feel is important about this student's academic and personal character. Most importantly, please describe what differentiates this student from others who may be applying for the scholarship. (Use the back of this form or another sheet for additional space if necessary.)

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Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professor's Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_

**Professors, please return this form postmarked by April 1 directly to:**

Center for Life Safety Education  
Attn: Waller Scholarship Committee  
12750 Merit Drive, Suite 350  
Dallas, TX 75251