

**Occupational Health & Safety Section
American Public Health Association**

James P. Keogh Memorial Scholarship Fund, 2008

UNION REPRESENTATIVE APPLICATION

The Occupational Health and Safety Section will be awarding scholarships that include registration for the 2007 APHA Annual Meeting, (October 25-29, 2008, San Diego, CA), a one-year membership in APHA and \$300.00 for conference expenses. We hope to strengthen the participation of students and union representatives in APHA and our section. We recognize that we need the involvement of workers and new health & safety professionals to make our workplaces & communities healthy and safe.

AWARD:

The value of each award is \$500.00. The Section will directly pay the annual meeting fee & one-year membership to APHA with primary membership in the Occupational Health & Safety Section. Each awardee will then receive \$300.00 that can be used to cover transportation, lodging, and meals. Awardees will be responsible for providing the remainder of funds necessary to cover these expenses. At the Annual Meeting we will pair each awardee with a section member with similar interests.

ELIGIBILITY REQUIREMENTS:

Union Representatives:

An OHS Section member must apply on behalf of a Union Representative who has been active in health and safety. We would like to give scholarships to local union officers, health and safety committee members, shop stewards, district-level officers and representatives. These awards are **NOT** intended for international union health and safety staff.

Please submit your application (by regular or email) by June, 2008 to:

Karen B. Mulloy
Denver Health Occupational Health & Safety
605 Bannock, MC: 1423, Denver, CO 80204
Telephone: (303) 436-3888
Email: Karen.Mulloy@dhha.org
(Email preferred.)

THIS APPLICATION FORM CAN BE REPRODUCED!
Occupational Health & Safety Section
American Public Health Association
James P. Keogh Memorial Scholarship Fund Application:

SECTION MEMBER APPLYING FOR UNION REPRESENTATIVE

Please print neatly or type **YOUR (section member)**:

Name:

Street Address:

City, State, Zip

Telephone: Day

(____) _____

Evening (____) _____

Fax (____) _____

Email _____

Please complete for the Union Representative you are sponsoring:

Name:

Union Name (with local,district#)

Union Street Address

Union City, State, Zip

Telephone Number: (Please indicate home or work)

Position within Union (member, steward, officer, health & safety committee member, etc.)

Optional: Sex: _____ Ethnic Background:

Section member should answer the following questions about the Union Representative. (You can add additional pages if you need to, but a concise response is welcomed.)

1). Please briefly explain his/her current involvement in occupational health & safety activities.

2) What tools or strategies have she/he successfully used in health & safety work?

3). Please briefly explain your work experience with the nominated Union Representative