

# The Construction Safety Group of Kansas City



## UNIVERSITY OF CENTRAL MISSOURI 2027 SCHOLARSHIP APPLICATION FORM

### 1.0 ABOUT THE CONSTRUCTION SAFETY GROUP OF KANSAS CITY

The Construction Safety Group of Kansas City (CSG) was organized in 1991 by a pioneering group of safety professionals dedicated to improving construction safety throughout the Kansas City metropolitan area.

Today, the organization is comprised of professionals representing the construction industry, contractors trade associations, insurance industry, governmental agencies, suppliers, and other organizations committed to advancing workplace safety and health.

To further enhance the construction safety profession and support the next generation of safety and health professionals, the Construction Safety Group of Kansas City has established a scholarship and educational fund. The fund supports scholarships, research, and educational safety and health programs benefiting the construction industry.

### 2.0 SCHOLARSHIP AWARD

The Construction Safety Group of Kansas City Scholarship Program provides financial assistance to qualified undergraduate students who are enrolled full-time and pursuing a degree program in occupational safety and health, or closely related discipline.

Scholarship awards may be provided in amounts of up to **\$2,500 per student, per academic year**.

The number of scholarships awarded each year will be determined based on the number and qualifications of eligible applicants and the availability of scholarship funds.

Scholarships are awarded on a **year-to-year basis**. Students who receive a scholarship may apply for consideration in subsequent academic years, for a maximum of **four (4) years of undergraduate study**, provided they continue to meet all eligibility requirements.

### 3.0 ELIGIBILITY REQUIREMENTS

To be considered for the Construction Safety Group of Kansas City Scholarship Program, all applicants must:

1. Maintain a minimum cumulative **grade point average (GPA) of 2.75** at the time of application.
2. Submit an official college or university transcript documenting their academic record.
3. Provide a minimum of **two (2) letters of recommendation** from two separate adult, non-family members who are familiar with the applicant's academic, professional, leadership, or related experience.
4. Complete the scholarship application form provided with this announcement.
5. Be enrolled as a **full-time undergraduate student** and have declared a major in Occupational Safety, Safety Management, Occupational Safety and Health, Industrial Hygiene, or another closely related discipline. Applicants with an emphasis or demonstrated interest in construction safety and health are highly encouraged to apply but are not required to have a construction safety emphasis.
6. **Graduate students** are not eligible to apply for the Construction Safety Group of Kansas City Scholarship Program.

7. The Construction Safety Group of Kansas City does not discriminate based on race, color, religion, age, gender, national origin, or ethnic origin in the administration of its Scholarship Program.
8. Submit all requested information and completed application no later than **5:00 PM CST on Friday, April 9, 2027**, to:

**Attn: Dr. Wesley Tinker Ed.D., CSP**  
Department Chair and Associate Professor  
Department of Occupational Risk and Safety Sciences  
T.R. Gaines Building, 318F  
Warrensburg, Missouri 64093  
Telephone: (573) 999-4250  
E-mail: [wtinker@ucmo.edu](mailto:wtinker@ucmo.edu)

9. Participate in an on-campus or virtual interview with the Construction Safety Group of Kansas City Scholarship Program Committee on **Thursday, April 15, 2027, between 10:00 AM and 1:00 PM CST.**
10. Schedule an interview time through **Dr. Wesley Tinker, Department Chair and Associate Professor**, prior to the interview date.
11. Submit questions regarding the Construction Safety Group of Kansas City Scholarship Program to:

**Attn: Phil Shoemaker, MS, CSP, CRIS, CHST, STS-C, SCTPP**  
Construction Safety Group of Kansas City  
Scholarship Program Chair  
Telephone: (816) 935-6266  
Email: [pshoemaker@hntb.com](mailto:pshoemaker@hntb.com)

#### **4.0 APPLICATION AND SELECTION PROCESS**

All completed applications and supporting documentation will be reviewed by the Construction Safety Group of Kansas City Scholarship Program Committee.

Applicants may be evaluated based on:

- Academic achievement and cumulative GPA;
- Financial need;
- Interest in construction safety and health;
- Commitment to pursuing a career in occupational safety and health;
- Extracurricular and community activities;
- Leadership experience;
- Professional or work experience;
- Letters of recommendation; and
- Performance during the scholarship interview.

The Scholarship Program Committee will determine scholarship recipients based on the overall qualifications of each applicant and the availability of scholarship funds.

Scholarship recipients will be notified within thirty (30) days following completion of the interview process.

#### **5.0 COMMITMENT TO CONSTRUCTION SAFETY**

The Construction Safety Group of Kansas City is committed to developing and supporting the next generation of safety professionals. Through the Scholarship Program, CSG seeks to provide financial support to students who demonstrate academic achievement, leadership potential, and commitment to improving workplace safety and health. Applicants with a particular interest in construction safety and health are strongly encouraged to apply.

# UNIVERSITY OF CENTRAL MISSOURI

## 2027 SCHOLARSHIP APPLICATION FORM

### 6.0 PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

PSU Student ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Address (Home): \_\_\_\_\_  
*Street City State Zip*

Address (College): \_\_\_\_\_  
*Street City State Zip*

Parent Name(s) or Legal Guardian(s):

\_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First Middle*

\_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First Middle*

What percent of your education and living expenses do you provide? \_\_\_\_\_%

### 7.0 SCHOLASTIC INFORMATION

**Beginning with the most recent, provide names and locations of colleges, universities, or high school you have attended or are attending:**

College: \_\_\_\_\_  
*Name of College City State*

Dates attended: \_\_\_\_\_ Anticipated Month/Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_  
*Name of College City State*

Dates attended: \_\_\_\_\_ Anticipated Month/Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_  
*Name of College City State*

Dates attended: \_\_\_\_\_ Anticipated Month/Year of Graduation: \_\_\_\_\_

High School: \_\_\_\_\_  
*Name of High School City State*

Dates attended: \_\_\_\_\_ Month/Year of Graduation: \_\_\_\_\_

Please indicate month and year of enrollment at **University of Central Missouri**: \_\_\_\_\_

Current Year in School: (*check one*)      \_\_\_\_\_ Freshman    \_\_\_\_\_ Sophomore    \_\_\_\_\_ Junior    \_\_\_\_\_ Senior

Cumulative Grade Point Average (GPA): \_\_\_\_\_ Major Grade Point Average (GPA): \_\_\_\_\_

**What extracurricular activities have you participated in while attending high school? College? Indicate elected offices held. Specify purpose of local organizations:**

**Student Organizations:**

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**Community Activities:**

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**Athletics:**

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**Other:**

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## 8.0 EMPLOYMENT HISTORY

List below full-time employment, summer employment, or part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week:

|             |            |                    |                                  |
|-------------|------------|--------------------|----------------------------------|
| From: _____ | To: _____  | _____              | _____                            |
| Month Year  | Month Year | Name of Firm       | Type of Business                 |
|             |            | _____              | (_____) _____                    |
|             |            | Address City State | Phone                            |
|             |            | _____              | _____                            |
|             |            | Supervisor's Name  | Supervisor's Position in Company |
|             |            | _____              | _____                            |
|             |            | Your Duties        | \$ _____<br>Your Salary          |

|             |            |                    |                                  |
|-------------|------------|--------------------|----------------------------------|
| From: _____ | To: _____  | _____              | _____                            |
| Month Year  | Month Year | Name of Firm       | Type of Business                 |
|             |            | _____              | (_____) _____                    |
|             |            | Address City State | Phone                            |
|             |            | _____              | _____                            |
|             |            | Supervisor's Name  | Supervisor's Position in Company |
|             |            | _____              | _____                            |
|             |            | Your Duties        | \$ _____<br>Your Salary          |

|             |            |                    |                                  |
|-------------|------------|--------------------|----------------------------------|
| From: _____ | To: _____  | _____              | _____                            |
| Month Year  | Month Year | Name of Firm       | Type of Business                 |
|             |            | _____              | (_____) _____                    |
|             |            | Address City State | Phone                            |
|             |            | _____              | _____                            |
|             |            | Supervisor's Name  | Supervisor's Position in Company |
|             |            | _____              | _____                            |
|             |            | Your Duties        | \$ _____<br>Your Salary          |

## 9.0 FINANCIAL INFORMATION

Describe briefly in annual dollar amounts estimated college costs for:

Tuition: \$\_\_\_\_\_per year      Living Expenses: \$\_\_\_\_\_per year

Books: \$\_\_\_\_\_per year      Miscellaneous (*specify*): \$\_\_\_\_\_per year

**Total:** \$\_\_\_\_\_per year

Indicate the amount of support from the following sources:

Loans (*specify*): \_\_\_\_\_ \$\_\_\_\_\_per year

Scholarships (*specify*): \_\_\_\_\_ \$\_\_\_\_\_per year

Other Sources of Income (*specify*): \_\_\_\_\_ \$\_\_\_\_\_per year

**Total:** \$\_\_\_\_\_per year

Please explain the purpose for which scholarship monies will be used:

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## 10.0 ADDITIONAL INFORMATION (*\*Answer the following questions using only the space provided.*)

What has been your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?

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Why are you interested in a construction industry career and what event or series of events has led you to this decision? Where possible, explain how your previous work experiences will relate to a construction industry career?

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|             |                     |                            |
|-------------|---------------------|----------------------------|
| <i>Name</i> | <i>Relationship</i> | <i>Position in Company</i> |
| <i>Name</i> | <i>Relationship</i> | <i>Position in Company</i> |
| <i>Name</i> | <i>Relationship</i> | <i>Position in Company</i> |
| <i>Name</i> | <i>Relationship</i> | <i>Position in Company</i> |

**Date:** \_\_\_\_\_

**- END OF APPLICATION FORM -**