OREGON FIRE SERVICE OFFICE ADMINSTRATORS
SCHOLARSHIP APPLICATION

Name _____ Years OFSOA Member _____
Last first

Agency _____ Length of Service _____

Address _____
Street City/State/Zip

Email _____

Phone _____ Fax _____

I hereby apply for scholarship funds in the amount of $_____ from the Oregon Fire Service Office Administrators to attend _____
Name of workshop, conference or other OFSOA event

1. I have received an OFSOA Scholarship for any other OFSOA function Yes_____ No_____

2. The scholarship funds will be used for: Registration $_____ Lodging $_____

3. Have you applied to your agency for funds to attend this OFSOA event? Yes_____ No_____

4. Describe the value you expect to receive from attending or participating in an OFSOA event. _____

_____

5. How will you share the information and training from this event within your agency? _____

_____

6. Please list any other comments or relevant information that will assist the committee in awarding this scholarship.

_____

_____

7. Please list service on OFSOA committees, offices held, OFSOA sponsored workshops and/or conferences attended:

_____

_____

I certify that the information included in this application and any supporting documentation is true and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Please mail your completed application, supporting documentation, and a **letter of support from your direct supervisor** regarding your attendance at this OFSOA event to:

OFSOA Attn: OFSOA Scholarships
1284 Court Street
Salem, Oregon 97301
scholarships@ofsoa.com