

OREGON FIRE SERVICE OFFICE ADMINISTRATORS
SCHOLARSHIP APPLICATION

Name _____ Date Joined 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. Have you ever 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 this OFSOA event. _____

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

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 St.
Salem, Oregon 97301
503.378.0896 / 800.223.9708
scholarships@ofsoa.com

OFSOA is committed to education and networking for fire office personnel. Those applicants who are awarded a scholarship to an OFSOA conference/workshop are expected to be present at all classes and to be there on time.