OREGON FIRE SERVICE OFFICE ADMINSTRATORS

SCHOLARSHIP APPLICATION

Name Date Joined OFSOA

 *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

541-963-3123

jfox@cityoflagrande.org

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.