



AMERICAN SOCIETY OF SAFETY PROFESSIONALS

Southern Oregon Chapter

ASSP CONFERENCE SCHOLARSHIP APPLICATION

TODAY'S DATE: _____

CONFERENCE DATE REQUESTED: PDC OCTOBER 16, 2018 OCTOBER 17, 2018 OCTOBER 18, 2018

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE (HOME/CELL): _____

APPLICANT'S EMAIL: _____

APPLICANT'S WORKPLACE: _____

PLEASE STATE THE REASON FOR THIS REQUEST:

AMOUNT APPLICANT CAN AFFORD FOR THIS CONFERENCE: \$ _____

PDC WORKSHOP: \$130 FULL CONFERENCE: \$175 ONE DAY ONLY: \$100.00

- I WOULD LIKE TO VOLUNTEER MY TIME AT THE CONFERENCE TO HELP OFFSET THE COST I CANNOT COVER. I AM AVAILABLE (DATES/ # OF HOURS):

*** VOLUNTEERING IS NOT A REQUIREMENT FOR SCHOLARSHIP APPROVAL ***

BY SIGNING THIS FORM, APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. IF THE APPLICANT DOES NOT ATTEND THE CONFERENCE IN WHICH (S)HE IS REGISTERED, THE APPLICANT FORFEITS THE SCHOLARSHIP AND THE FEES PAID, AND (S)HE IS NOT ELIGIBLE FOR SCHOLARSHIP CONSIDERATION FOR TWO YEARS. IF THE APPLICANT HAS A LAST MINUTE CONFLICT AND IS NOT ABLE TO ATTEND THE CONFERENCE PLEASE LET US KNOW A MINIMUM OF TWO BUSINESS DAYS BEFORE THE CONFERENCE, SO WE CAN NOTIFY SOMEONE ON THE WAITING LIST. FAILURE TO NOTIFY US IN A TIMELY MANNER, MAY MAKE YOU INELIGIBLE FOR FUTURE SCHOLARSHIPS.

APPLICANT SIGNATURE: _____

DATE: _____

** PLEASE SUBMIT COMPLETED FORM VIA EMAIL OR FAX TO ASSP SCHOLARSHIP, ATTENTION MICHAEL HILL. ** EMAIL: michil@saif.com or FAX: 503-584-9556

-----FOR OFFICE USE ONLY -----

DATE APPLICATION RECEIVED: _____

DATE APPLICANT NOTIFIED: _____

CONFERENCE COST: _____

SCHOLARSHIP AMOUNT AWARDED: _____

APPLICANT AMOUNT CONTRIBUTED: _____

EXECUTIVE COMMITTEE APPROVAL: _____

DATE: _____