



AMERICAN SOCIETY OF SAFETY PROFESSIONALS

Southern Oregon Chapter

ASSP CONFERENCE SCHOLARSHIP APPLICATION

TODAY'S DATE: _____

CONFERENCE DATE REQUESTED: PDC OCTOBER 14, 2025 OCTOBER 15, 2025 OCTOBER 16, 2025

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 TUESDAY: \$150 REGULAR CONFERENCE WEDNESDAY AND THURSDAY: \$210

- 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 MAIL OR EMAIL TO:

ASSP SCHOLARSHIP, ATTENTION DAVID HANSON. ** 990 N. PHOENIX RD. STE. 101, MEDFORD, OR 97504
EMAIL: DAVHAN@SAIF.COM

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

DATE APPLICATION RECEIVED: _____

DATE APPLICANT NOTIFIED: _____

CONFERENCE COST: _____

SCHOLARSHIP AMOUNT AWARDED: _____

APPLICANT AMOUNT CONTRIBUTED: _____

EXECUTIVE COMMITTEE APPROVAL: _____

DATE: _____