



# OREGON VOLUNTEER FIREFIGHTERS ASSOCIATION

*"REPRESENTING THOSE WHO VOLUNTEER"*

## 2016 Conference Scholarships Available

Scholarships will be for Tuition only and attendance at all functions to the OVFA Conference.  
*Lodging, travel and meals outside of conference will be the responsibility of the registrant.*

### Requirements;

- ✓ Must be a member in good standing of a member department of the OVFA
- ✓ Must include copy of conference registration with application
- ✓ All applications must be received at the OVFA office: 1284 Court St. NE, Salem, OR 97301 prior to May 20, 2016.

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department Address: \_\_\_\_\_

Your Rank/Title: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Have you personally attended the OVFA Annual Conference in the past? Yes ☐ No ☐ How many: \_\_\_\_\_

Has your department attended the OVFA Annual Conference in the past? Yes ☐ No ☐

Will your department pay your lodging expenses? Yes ☐ No ☐

Briefly describe why you need financial assistance in order to attend the annual conference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information recorded on this application is correct. I further understand that OVFA is not authorized to provide medical, accident, or health insurance for applicants. If, for any reason, I am unable to attend this event, I will promptly return all money received from the fund. I understand that I am expected to participate in all aspects of the conference including business meetings, vendor night and the banquet.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Fire Chief/Training Officer \_\_\_\_\_ Date \_\_\_\_\_