



# OREGON VOLUNTEER FIREFIGHTERS ASSOCIATION

*“REPRESENTING THOSE WHO VOLUNTEER”*

## **2017 Conference Scholarships Available**

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

### **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 19, 2017

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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 \_\_\_\_\_