OREGON EMS CONFERENCE SCHOLARSHIP APPLICATION

Sponsored by

OREGON DEPARTMENT OF TRANSPORTATION

AND THE

OREGON STATE AMBULANCE ASSOCIATION

Name (First, M Last)

Certification Level

Telephone

Email

Mailing Address

Street **City** **State** **Zip**

Agency / Service / Organization

Paid / Volunteer / Other

Do you respond to Motor Vehicle Crashes on Oregon State Hiways? YES ☐ **NO** ☐

Explain the reason you should qualify for a scholarship:

Examples: ***Agency budget, need for additional training, high call volume, rural community served.***