

Scholarship and Grant Fund Application

Please fill out the application below to apply for funding through the SDAO Scholarship and Grant Fund. You must be an active board member, employee or volunteer of an SDAO member district to be eligible.

	APPLICANT INFO	ORMATION		
Name:			Title:	
District:				
Address:				
			State	ZIP Code
Phone:	Em	ail		
	TRAINING INFO	RMATION		
Name of Training:				
Date of Training:				
Cost of Training:				
Is this an SDAO or SDIS If no, please attach a br	training? ochure outlining the content of the	YES □ training you'd	NO 	
Do you have district ap	proval to take this training?	YES	NO	
Please explain how this	training will benefit you in your wo	rk with your s	pecial district:	
Diago complete this are	HOW TO A		igable) by mad	amail ar factor
SDAO PO Box 12613	plication and send with training bro Salem, Oregon 97309 mail: MemberServices@sdao.com	chure (if appi	icable) by mail,	email, or fax to:
Signature:			Date	::
Supervisor			Data	