OACS Scholarship Application

PLEASE PRINT

Financial assistance is requested for the following meeting:

_____ _____

Meeting Location/Date

Name: _____

School: _____

Store/Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____

Email Address (of applicant): _____

Financial assistance is requested in the amount of $_____

(Attach receipts if available)

Brief statement why financial assistance is requested: _____

_____

_____

Has financial assistance been provided by OACS to permit you or another member from your store/company to attend an OACS/NACS meeting during the past twelve months?

If so, please state which meeting and which member: _____

_____

_____

Applicant's Signature

_____

Date of Application

04/2009