



OREGON VOLUNTEER FIREFIGHTERS ASSOCIATION

OVFA CONFERENCE SCHOLARSHIP FORM

“Representing Those Who Volunteer”

Scholarships will be only for tuition and attendance at all functions at 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 16, 2025.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Department: _____

Department Address: _____

City: _____ State: _____ Zip: _____

Department Phone: _____

Your Rank/Title: _____ Years of Experience: _____

Have you personally attended a previous OVFA Annual Conference? Yes No

Has anyone from your department attended a previous OVFA Annual Conference? Yes No

Will your department pay your lodging expenses? Yes No

District/Department budget for current fiscal year _____

Number of calls answered by District/ Department in 2023 _____

How many square miles does your department service? _____

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 notify the OVFA office. I understand that I am expected to participate in all aspects of the conference including business meetings, vendor night, and the banquet held in conjunction with my registered attendance.

Signature of Applicant _____ **Date** _____

Signature of Fire Chief/Training Officer _____ **Date** _____

Return completed application by May 16, 2025, to the OVFA office:
1284 Court St. NE Salem, OR 97301
FAX: (503) 364-9919 **EMAIL:** laoreal@ovfa.org