



Scholarship Fund Request

This scholarship is being made available for OFSN trainings only and as funds are available.

Name: _____ Employer: _____

Address: _____

Phone Number: _____ Email: _____

Training you want to participate in: Training Title: _____

Training date: _____ Training location: _____

How much of the registration fee are you able to provide? _____

How will you use what you learn in this training to support your family or other children and families in Oregon? _____

For (Family) Peer Delivered Service (PDS) training: What experience do you have as a parent/primary caregiver raising a child with mental or behavioral health challenges that will contribute to your work as a **Family Support Specialist**? (*Family Support Specialists Must Be Individuals who have experience parenting a child who: Is a current or former consumer of mental health services and/or has faced difficulties in accessing education, health and wellness services due to the child's mental or behavioral health barriers*) _____

Signature: _____ **Date:** _____

Please email completed form to: Lane Imbler-Bremner (laneib@ofsn.net)
Fax: 503-390-3161
Mail to: OFSN Training, 4275 Commercial St. SE, Suite 110, Salem, OR 97302

OFSN staff only

Approved Not Approved Signature: _____ Date: _____ Amount: _____

Notify recipient Completion Date: _____ Phone Email Initials: _____

Register recipient Completion Date: _____ Initials: _____

Invoice recipient Completion Date: _____ Initials: _____