

Please Print (You may attach another page if needed)

Applicant Name: _____ Date: _____

Are you a spouse of a first responder?

Agency Name: _____ Phone: _____

Agency Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Have you attended this training before? (If yes, when) _____

Have you been a recipient of a NW Peer Support Scholarship before? (If yes, when) _____

List other conferences or trainings specific to peer support and mental health you have attended in the last three years?

Briefly, describe how you would share the conference training with others in your agency and/or community:

In order to receive this scholarship, you must agree to the following:

- Attend all sessions during the conference.
- Write a thank you letter addressing the Oregon Public Safety Memorial Fund that have provided the money for your scholarship. The letter should include how this training will assist you in your job. The letter must be written and presented to the Registration Coordinator at Registration prior to receiving conference materials.
- Your agency is responsible to ensure that you are able to attend the 2018 NW Peer Support Conference once your registration has been completed. If you are unable to attend after being awarded a scholarship due to unforeseen circumstances, a written letter must be submitted to the Conference Coordinator within two weeks of the conference. Otherwise, your agency will be held financially responsible for reimbursing the Oregon Public Safety Memorial Fund for the registration fee. Your scholarship will then be awarded to one of the Scholarship Committees alternate winners. Scholarships are awarded to individuals, not the agency, and are *not transferable*.

I have read the above and agree to meet the state terms.

Applicant's Signature

Supervisor's Signature (if applicable)

Printed Name

Send your completed application & registration form by the due date to:
Sgt. Erin Brisben, Clackamas County Sheriffs Office, 2223 Kaen Rd., Oregon City, OR 97045
erinbri@co.clackamas.or.us or Fax 503-650-3038

For NW Peer Support Conference Use Only:

Date Received: _____

Approved By: _____ Approval Date: _____

Declined By: _____ Reason Declined: _____

Notification of Approval/Rejection Sent By: _____