



**2018 Northwest Peer Conference
 First Responder and Spouse
 Scholarship Application
 Co-Sponsored by the
 Oregon Law Enforcement Memorial Fund
 Due December 15, 2017
 Please Print**



Applicant Name: _____ Date: _____

Are you a spouse: Yes Name of First Responder Spouse _____

First Responder's Agency Name: _____ Your Phone: _____

Agency Street Address: _____ City _____

State: _____ Zip Code: _____ Your Email: _____

Briefly, describe why you are interested in attending this conference:

Scholarship Requested:

Spouse Half Conference (circle one) – Half day Feb 6/Full day Feb 7 OR Full day Feb 8/Half day Feb 9

Spouse – Full Conference

Officer – Full Conference

Do you live more than 50 miles from the conference and are requesting lodging?

****To be considered for a hotel scholarship, applicants have to travel more than 50 miles to attend.**

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

- Attend all sessions registered for during the conference.
- Your agency is responsible to ensure that you are able to attend the 2018 NW Peer Support Conference. If you are unable to attend after being awarded a scholarship you may transfer your scholarship to another member of your agency. Otherwise, your agency will be held financially responsible for reimbursing the Oregon Law Enforcement Memorial Fund for the conference registration fee of \$175.
- If you transfer this scholarship, you must notify NW Peer Support Conference organizers.
- You must apply before close of business on December 15, 2017. Scholarships are limited and are processed on a first come basis. No guarantee is implied.

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

 Applicant's Signature Applicant's Printed Name Supervisor's Signature

Send your completed application and registration by December 15 to: Sgt. Erin Brisben, Clackamas County Sheriff's Office, 2223 Kaen Rd., Oregon City, OR 97045 erinbri@clackamas.us or FAX 503/650-3038

For Conference Use Only:

Date Received: _____ Approved By: _____ Approval Date: _____ Approval/Rejection Sent By/ Date: _____

**This scholarship is provided by the Oregon Law Enforcement Memorial Fund 501(c) 3 with
 proceeds from the sale of the Oregon Fallen Public Safety Officer License Plate.**