

Dee Bauer Scholarship Fund Application

This fund is available to all members of the Oregon School Nurse's Association.
The distribution of funds will be based on need and availability of funds.

Name _____

Address _____

Phone Number / E-mail _____

School District _____ Title _____

Number of years in OSNA _____

Briefly describe how this class will enhance your job performance: _____

Reason for need of financial assistance: _____

Have you accessed this fund previously? Yes _____ No _____ If yes, when
and for what? _____

Signature: _____

When completed, submit this form to the Vice President.