## **ATTACHMENT A**



## Oregon Executive Development Institute "Excellence Through Education"

## **Scholarship Request Form**

Date of Request:		
Have you been a current OEDI Mei	mber at least 90 Days?   YES	□ NO
OEDI <u>Session #</u> or <u>Year</u> for which r	request is being made:	
Name:Person Attending Training	Agency/Organization:	
Address:		
Phone Wk:	Cell:	
Email:		
and the attached justification may dis	squalify the requester from receiving  Signature	Date
Criteria: Available funding; size of a number of scholarship requests per tracurrent OEDI members (at least 90 d year prior to the Annual Session.	nining event; special need or other con	nsideration; preference given to
☐ Board Approval:	Da	te:
☐ Board Denial:	Da	te:

Submit request to Oregon Executive Development Institute (OEDI)
P.O. Box 7468 Salem, Oregon 97303
For questions call 503-851-1611
Note, requests must be received no later than December 1st