** 2025 Scholarship Request Form**   
North American Hazardous Materials Management Association

Northwest Chapter

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| **INSTRUCTIONS:**  -Read the Financial Assistance Policy  -Determine if you qualify  -If you qualify, complete this form  -**By Friday March 7,** return the completed form via E-Mail to both [chad,ficek@lanecounty.gov](mailto:chad.ficek@lanecounty.gov) and [charles.wu@kingcounty.gov](mailto:charles.wu@kingcounty.gov)  Recipients will be notified by March 14. | **Financial Assistance Policy:** The NW NAHMMA Chapter has funds to provide a limited number of scholarships for chapter and national NAHMMA conferences on a needs only basis.  The intent of the scholarships is to provide funds to assist members who ***without assistance*** *would not be able to attend the conference or associated training*.  **First priority for scholarships is given to current NAHMMA members.** Next priority, if there are remaining funds, will be given to persons who are in fields related to the mission of NAHMMA but are not members. If a potential conference attendee wants to receive first priority, he or she must become a member prior to applying for a scholarship. If funds are limited, partial scholarships may be awarded.  The recipient of this scholarship ***must*** provide receipts to substantiate any authorized expenses incurred for reasons acceptable to NAHMMA. Eligible expenses include conference registration, training and lodging. Under limited circumstances, travel reimbursement will be considered. If a scholarship is awarded, expenses will be reimbursed to the recipient or his or /her agency. Recipients of registration assistance will receive a code for registering.  The NW NAHMMA Chapter may reimburse lodging costs up to $600.  Visit us on the web at:  <https://nahmma.org/Northwest_Chapter> | |
| **THIS SECTION FOR OFFICE USE ONLY** |
| Date: |
| Authorization Amount: $ |
| Reference: |
| Reference: |
| Reference: |
| RECIPIENT NAME  Click here to enter text. | REPRESENTING AGENCY/ORGANIZATION NAME  Click here to enter text. | |
| OFFICE PHONE NUMBER  Click here to enter text. | MOBILE PHONE NUMBER  Click here to enter text. | |
| MAILING ADDRESS  Click here to enter text. | EMAIL ADDRESS  Click here to enter text. | |
| CITY  Click here to enter text. | STATE  Click here to enter text. | ZIP CODE  Click here to enter text. |

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| **DESCRIPTION OF EVENT** | | | |
| CONFERENCE/Training | LOCATION\* | DATES ATTENDING | ESTIMATED COST |
|  |  |  | $ |
| **Please provide details of the financial assistance you are requesting.**   |  |  |  | | --- | --- | --- | | **Lodging**: Lodging must not exceed $200 per night. Receipts must be provided. Be sure to include tax in your lodging cost calculation. | # Nights & Dates: | Requested Amount:  $ | | **Registration:** Do not pay for conference or training registration, if financial assistance is awarded we will provide you a registration code. Please list any trainings: | * Conference * Training   (please check) | Requested Amount:  $ | | **Travel:** Travel to/from conference is only awarded on a case-by-case basis. Please provide justification here: | Item: | Requested Amount:  $ | | **TOTAL REQUEST** |  | **$**  *Place total in “total request block above* |   *\*NOT REQUIRED FOR WEB-BASED TRAININGS* | | | |
| BY SIGNATURES BELOW, THE SCHOLARSHIP RECIPIENT AND A CHAPTER OFFICIAL CERTIFY THAT THAT ALL SCHOLARSHIP REQUIREMENTS ARE MET AND THAT ALL INTERNAL REVIEWS/APPROVALS REQUIRED BY THE NAHMMA OFFICERS HAVE BEEN COMPLETED. | | | |
| SIGNATURE OF SCHOLARSHIP RECIPIENT | | | DATE |
| SIGNATURE OF NAHMMA NW CHAPTER OFFICIAL | | | DATE |
| NW NAHMMA Chapter | | | |
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