** 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 and 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 NAMEClick here to enter text. | REPRESENTING AGENCY/ORGANIZATION NAMEClick here to enter text. |
| OFFICE PHONE NUMBERClick here to enter text. | MOBILE PHONE NUMBERClick here to enter text. |
| MAILING ADDRESSClick here to enter text. | EMAIL ADDRESSClick here to enter text. |
| CITYClick here to enter text. | STATEClick here to enter text. | ZIP CODEClick 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.**

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| **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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