



OSNA Scholarship Application

Please complete all sections of the application.

The deadline for submission is (Postmarked) 10 days after completion of class.

SECTION 1 – PERSONAL INFORMATION

Name:	School District:
Title:	SNA Number:
School District Address:	Home Address:
Work Phone:	Home Phone:
Email address:	

SECTION 2 – ACADEMIC INFORMATION

ServeSafe - \$119.00 Yes_____ No_____

If your district will not reimburse you for the cost of this professional development you may apply for this Scholarship.

In order to be considered for this scholarship you must submit proof of successful class completion.

Date Class Completed: _____

Proof of completion submitted: Yes_____ No_____

Return applications to: OSNA Attn: Ellen Christensen, PO Box 1525, Lake Oswego, OR 97034

Please direct any questions to **Ellen Christensen** at ellen_Christensen@parkrose.k12.or.us