



Annual Conference Scholarship Request Form

email completed form to mcheung@ochca.com

Scholarship requested for: _____
Name Title County

Individual is (check all that apply)

- Health Officer
- CD Controller
- CD Program Staff
- Student/Intern assisting the CD Program
- Individual will not be able to attend without conference scholarship

Amount requested: _____

Note: One scholarship per jurisdiction – Maximum of \$150

Check what funds will be used for: registration travel both

Request submitted by _____
Name Title Date

Contact information: _____
Phone (xxx) xxx-xxxx email

For CACDC use only – do not complete section below

Request approved Yes No _____
Amount Approved by Date