



The Barbara Dewey OAOHN Annual Conference Scholarship Form

The Barbara Dewey Scholarship will pay for the registration fee for the Ohio Association of Occupational Health Nurses Annual Conference. The amount of the scholarship is \$225.00.

I would like to apply for the Barbara Dewey Annual Conference Scholarship

___ OAOHN Annual Conference (full) \$225.00

Name _____ OAOHN Member Yes ___ NO ___

License number _____ RN _____ LPN _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Work No. _____ Email _____

Years as OHN 0-5 years ___ 6-19 years ___ 20 plus years ___

I plan to continue OHN practice this year ___ Yes ___ No

I would like to receive this scholarship for the following reason:

Applicant Signature

Date

Approval of attendance

___ Approved ___ Not approved for the following reason

Awards Chairperson

Date

Director

Date

Director

Date