Scholarship Application for OADSP Courses and Seminars

Name: _____ Date of Application: _____
PATHS Region/Licensed Entity: _____

Home Address: _____
Cell Phone Number: _____ Home Phone Number: _____
E-Mail Address: _____

Current Position: _____
Years of Experience as a Direct Support Professional (DSP): _____
Highest Level of Education: _____

Employer Organization: _____
Work Address: _____
Work Phone Number: _____

Which is the preferred address for the mailing of materials to the candidate? (Circle one): ***home*** or ***work***

Course scholarship applying for:

- ☐ Certificate of Initial Proficiency (CIP) Tuition = $300.00 Amount Requested: _____
- ☐ Certificate of Advanced Proficiency (CAP) Tuition = $600.00 Amount Requested: _____
- ☐ _____ Tuition = _____ Amount Requested: _____
- ☐ _____ Tuition = _____ Amount Requested: _____

Date classes begin: _____ Location of Classes: _____

I am taking a course offered by a:

- ☐ DSPATHS Region
- ☐ DSPATHS Licensed Entity

Check the statement that applies to your work as a Direct Support Professional:

- ☐ Independent provider
- ☐ Employed at organization serving fewer than 50 people

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☐ Employed at organization serving 50 or more people

Statement of professional development: In three or four sentences please describe your goals as a professional and why you are applying for this scholarship.

Candidate's Signature: _____ Date: _____

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OADSP use only:

Total Scholarship Amount Approved: _____

Balance Owed: _____

Notes:

_____ _____

Signature of DSPATHS Regional Coordinator Date

Please forward applications to oadsp.dspaths@gmail.com

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