



SCCRA NAACCR ODS EXAM PREP COURSE SCHOLARSHIP APPLICATION

Last Name:

First Name:

Address:

Phone Number:

Current ODS Program? Yes/No

If yes, please include program name.

Are you a member of SCCRA?

When are you anticipating taking the NAACCR ODS Prep Course?

When are you planning on taking the exam?

Have you applied for this scholarship in the past? If so, when?

Please tell us why you desire this scholarship: