



## 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?**

**After obtaining your ODS-C credentials, are you willing to serve on a future SCCRA board or association committee?**

**Please tell us why you desire this scholarship:**