



SCCRA NAACCR ODS EXAM 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 planning on taking the exam?

What is the cost of the exam?

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

Please tell us why you desire this scholarship: