



OREGON ANIMAL CONTROL COUNCIL

PROFESSIONALISM IN ANIMAL CARE & CONTROL SINCE 1974

PO BOX 805
DALLAS, OR 97338
www.oacc.net

Mancini Scholarship Application

Name: _____ Date: _____

Agency: _____ Job Title: _____

Address: _____ City/Zip: _____

Phone: _____ E-mail: _____

Date and location of training: _____

Important Notices:

- 1) When applying for an OACC scholarship, you must specify the date and location of the class.
- 2) Applications must be submitted at least 30 days prior to the training session for which you are applying.
- 3) The training location cannot be changed once submitted.
- 4) The decision on scholarships will be made by the board president or person(s) assigned by the Board President.
- 5) If the scholarship is awarded and not utilized, except under emergency circumstances, the applicant will forfeit any future opportunity to apply for a scholarship.

Please attach one page, describing in your own words:

- 1) Why you are interested in attending an OACC training session.
- 2) In your opinion, what is one change that OACC could make to better serve its membership.

Applicants Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

Please email the completed application form and all attachments to: baustin@springfield-or.gov

**YOU MUST BE A CURRENT OACC MEMBER OR OBTAIN AN OACC MEMBERSHIP UPON
SUBMISSION OF YOUR APPLICATION.**