



OC Foundation of Western PA Conference/Program Scholarships

Name: _____

Mailing Address: _____

Telephone: _____

I am a member of the International OCD Foundation living in western PA:

Name of OCFWPA or IOCDF conference or program I will be attending: _____

I am currently employed:

Yearly individual income: _____

Yearly household income if I am not the sole source of income: _____

Is financial support available from family members or other outside sources:

Total amount of this additional financial support: _____

Amount of assistance required to allow me to attend the conference/program in question:

Tuition \$ _____

Hotel \$ _____

Transportation \$ _____

Parking \$ _____

Total \$ _____

Additional Comments for our consideration:

By checking this box I certify that all information I have provided is accurate to the best of my knowledge. I allow the OC Foundation of Western PA to report any information provided on this application to the Commonwealth of Pennsylvania and/or the US Internal Revenue Service as required to maintain our status as a not for profit, 501(c)3 corporation. The OC Foundation of Western PA will provide support, as available, to help defray the cost of expenses directly related to attendance of this program (registration fee, hotel, airfare, parking, etc). I understand that receipts for eligible expenses will be required if the OC Foundation of Western PA cannot arrange to directly pay for this program expense.