



The Jan Oglietti Scholarship is a fund offered by the SCAPPA Board of Directors, SCAPPA Certification Commission, and individuals in memory of Mrs. Jan Oglietti. Jan was a pioneer in the prevention field and served in various capacities in her hometown of Dorchester as well as on state, national, and international levels for prevention professionals and advocates in South Carolina.

The purpose of the Jan Oglietti Scholarship is to make continuing education more accessible to those interested in attending prevention trainings.

Application Guidelines:

- Applications must be submitted two weeks before registration deadline
- Scholarships are available to **prevention professionals ONLY**
- Scholarship recipients must be current SCAPPA members
- Information on SCAPPA membership is available at www.scappaonline.org
- Awards are based on financial need and job relevance as determined by the scholarship review committee
- Organizations may receive no more than one scholarship per year
- Scholarship recipients are required to send SCAPPA a brief report on how attending the conference/training impacted their professional/organizational development and is due two weeks upon completion

SCAPPA reserves the right to determine limits on the maximum award depending on account balance and total amount of expenses requested.

Maximum Award = \$250

Organizations that receive a scholarship but do not attend the sessions or fail to complete the required follow-up summary will jeopardize their ability to receive scholarships in the future.

I have read and agree to the Application Guidelines for the Jan Oglietti Scholarship.

Applicant: _____
PRINTED NAME SIGNATURE

Supervisor: _____
PRINTED NAME SIGNATURE

Please send this completed form to:

Jan Oglietti Scholarship, SCAPPA, Post Office Box 1763, Columbia SC 29202
Phone: (803) 252-1087 Fax: (803) 252-0589

Jan Oglietti Scholarship Application

Applicant Name: _____

SCAPPA Certificate #: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

✓	Name of Conference/Training	Expenses		
		Fee	Hotel	Total
—	South Carolina School of Alcohol and Other Drug Studies			
—	South Carolina Drugs of Abuse Conference			
—	National Prevention Network Prevention Research Conference			
—	Other: _____			

Registration Deadline: _____

Have you attended this conference/training before? Yes No

Please explain how financial assistance will enable you to attend the conference/training:

Please explain how this training will benefit you as a professional and your organization:

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