



**Drug and Alcohol Testing Industry Association**  
**1325 G Street, NW, Suite 500#5001**  
**Washington, DC 20005**  
**800.355.1257 (p)**  
**202.315.3579 (f)**  
**datia.org**  
**info@datia.org**

## **The Diana Bauske Educational Scholarship Fund Application for Scholarship**

All applications should be e-mailed to [lshelton@datia.org](mailto:lshelton@datia.org). Applications must be received at least 8 weeks prior to the program date for which you are applying. No late entries will be accepted.

### **SECTION I – Personal Information**

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Role/ Major Position Responsibilities \_\_\_\_\_

\_\_\_\_\_

### **SECTION III – Program Selection (Please select one)**

- |  |            |
|--|------------|
| <input type="checkbox"/> DATIA Annual Conference                                     | Date _____ |
| <input type="checkbox"/> Advanced DER Course   | Date _____ |
| <input type="checkbox"/> Auditing Success Course                                     | Date _____ |
| <input type="checkbox"/> Certified Professional Collector Trainer Course             | Date _____ |
| <input type="checkbox"/> Consortia/Third Party Administrator Best Practices Course   | Date _____ |
| <input type="checkbox"/> Designated Employer Representative Train the Trainer Course | Date _____ |
| <input type="checkbox"/> Developing an Effective Supervisor Training Program Course  | Date _____ |
| <input type="checkbox"/> Ins and Outs of Drug & Alcohol Testing Course               | Date _____ |
| <input type="checkbox"/> Medical Review Officer Assistant Training Course            | Date _____ |
| <br><input type="checkbox"/> I am also seeking travel reimbursement of up to \$250   |            |

*To find dates for upcoming courses visit: <http://datia.org/educations/datia-courses.html>*

**SECTION III – Your Goals**

How do you plan to give back to the drug and alcohol testing community? \_\_\_\_\_

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What are your professional goals (long or short term)? \_\_\_\_\_

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What do you hope to gain from your participation in your selected education program? \_\_\_\_\_

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Why do you feel you need/deserve consideration for these funds? \_\_\_\_\_

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Other Information you feel important for us to know: \_\_\_\_\_

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By signing below, you attest to the veracity of the information in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_