



ASSE CONFERENCE SCHOLARSHIP APPLICATION

TODAY'S DATE: _____

CONFERENCE DATE REQUESTED: OCTOBER 21, 2009 OCTOBER 22, 2009

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE (HOME/CELL): _____

APPLICANT'S EMAIL: _____

APPLICANT'S WORKPLACE: _____

PLEASE STATE THE REASON FOR THIS REQUEST:

AMOUNT APPLICANT CAN AFFORD FOR THIS CONFERENCE: \$ _____

FULL CONFERENCE: \$120 ONE DAY ONLY: \$80.00 HALF-DAY (AM OR PM ON OCT 21 OR 22): \$50.00

I WOULD LIKE TO VOLUNTEER MY TIME AT THE CONFERENCE TO HELP OFFSET THE COST I CANNOT COVER.

I AM AVAILABLE (DATES/ # OF HOURS):

BY SIGNING THIS FORM, APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRU AND CORRECT. IF THE APPLICANT DOES NOT ATTEND THE CONFERENCE IN WHICH (S)HE IS REGISTERED, THE APPLICANT FORFEITS THE SCHOLARSHIP AND THE FEES PAID, AND (S)HE IS NOT ELIGIBLE FOR SCHOLARSHIP CONSIDERATION FOR TWO YEARS.

APPLICANT SIGNATURE: _____

DATE: _____

**** PLEASE SUBMIT COMPLETED FORM VIA EMAIL OR FAX TO ASSE SCHOLARSHIP, ATTENTION JARED HILL.****
EMAIL: jhill@asante.org or FAX: 541-789-5965

-----FOR OFFICE USE ONLY -----

DATE APPLICATION RECEIVED: _____

DATE APPLICANT NOTIFIED: _____

CONFERENCE COST: _____

SCHOLARSHIP AMOUNT AWARDED: _____

APPLICANT AMOUNT CONTRIBUTED: _____

EXECUTIVE COMMITTEE APPROVAL: _____

DATE: _____