



Scholarship Application

Name _____

Address _____

Phone () _____ E-mail _____

Hospital _____ Current WSHHRA Member yes no

I am applying for a scholarship for the following:

- Spring Conference Registration Fall Conference Registration
 Hotel Assistance

Total Amount Requested: \$ _____

Reason for Request (please describe a brief statement regarding your need for the scholarship):

Certification of Accuracy:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that my employer will not be reimbursing me for these costs.

Signature

Date

Submit completed form to: WSHHRA - President

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(For WSHHRA use only)

Date Received

Date Reviewed by BOD

yes no
Decision (Y or N)

Applicant notified

Notes: