

**CONTINUING EDUCATION AWARD APPLICATION**

**APPLICANT INFORMATION**

Application Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (work or home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Number: \_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of SNELLA? \_\_ Yes \_\_ No If yes, when did you join? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you previously been awarded a SNELLA Grant? If yes, when?

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Please submit a statement (500 words or less) on a separate sheet of paper describing how you will benefit from attendance at the SNELLA sponsored or co-sponsored meeting.

**FINANCIAL INFORMATION**

Will your employer pay any of your expenses in attending this meeting/event/program? \_\_ Yes \_\_ No

If yes, what portion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please estimate your expenses for this meeting/event/program (registration, travel, lodging, food, and per diem):

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If I do NOT receive this award:

 [ ] I will definitely NOT be able to attend the meeting/event/program.

 [ ] I MAY not be able to attend the meeting/event/program.

 [ ] I will still attend the meeting/event/program.

 [ ] I will still attend the meeting/event/program, but I will have to cover my expenses.

 [ ] Other- Please explain:

**Please read and acknowledge the following:**

If I receive a SNELLA award, and if for any reason I cannot attend (or my employer(s) decide(s) to pay all or a portion of my expenses), I shall return the award money (or the unused portion thereof) to the Treasurer of the SNELLA. In addition, **I understand that award recipients may be required to write about their meeting/event/program experience.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

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| --- |
| **Please return the completed application by email to the Scholarship Committee:**SNELLAscholarship@gmail.com**Due date:** Applications must be received by the Chair of the Scholarship Committee at least 30 days before the latest registration date for the institute or program.**Note:** Award Applications cannot be considered unless current yearly dues have been paid at the time of application.**Incomplete and/or late applications will not be considered.** |