



CASN CONFERENCE ASSISTANCE SCHOLARSHIP APPLICATION

This application is for CASN members* only. The application is for a partial scholarship, which provides credit for the cost of the basic conference registration fee. This does not include the cost of pre/post conference fees, meals not covered by basic conference registration, transportation or lodging.

Fall Conference Scholarship

Spring Conference Scholarship

DATE: _____ **NASN#:** _____ (*must be a Member of CASN /NASN for a minimum of one year)

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE#: _____ **CELL PHONE#:** _____

WORK PHONE#: _____

EMPLOYEE: _____ **SCHOOL DISTRICT:** _____

STATEMENT OF NEED FOR ASSISTANCE: _____

I certify that I am a member in good standing with the Colorado Association of School Nurses and have been a member for at least one year _____.

(Initial)

I understand that if I am awarded the CASN Conference Assistance Scholarship, that this scholarship only provides credit for the cost of the basic conference registration fee and does not include the cost of pre/post conference fees, meals not covered by basic conference registration, transportation and/or lodging. _____.

(Initial)

Signature: _____ **Initials:** _____ **DATE:** _____

Please send the application to: **Leah Wyckoff at leah.wyckoff@dcsdk12.org** (Please identify the email by subject "Request for Scholarship"). Letters must be received 2 weeks prior to Conference date.

The CASN Executive Board will notify recipients with a voucher via Email. There are a limited number of scholarships available.

FOR CASN USE ONLY

Date: _____ Approved: _____ Voucher Sent for \$ _____ credit

Signature of CASN conference committee member: _____