



## 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 half of the 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#: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

STATEMENT OF NEED FOR ASSISTANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(May attach additional page if needed.)

**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 Kathy Reiner: [klr6414@gmail.com](mailto:klr6414@gmail.com)**

**Deadline for submission is February 17, 2018**

**Please put CASN Conference Scholarship application on the subject line.**

***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: \_\_\_\_\_