

# WSAOHN

## Wisconsin State Conference Scholarship Four Scholarships available for \$250 each.

Name, Address, and Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Constituency: \_\_\_\_\_

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

Company & Address: \_\_\_\_\_

### Professional Goals and Chapter Participation (200 words or less)

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### Statement from Employee Management

Statement from the employee's management acknowledging the organization's inability to pay for the conference registration.

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Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed application to WSAOHN Education Chair prior to September 1, 2010  
Joy Marks, W5055 Moore Rd, Hilbert, WI 54129 or email to [marks5055@tds.net](mailto:marks5055@tds.net)