

# WSAOHN

## Scholarship

(Open to WSAOHN members only)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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  
prior to September 1, 2011 to  
Joy Marks, W5055 Moore Rd, Hilbert, WI 54129 or email to [marks5055@tds.net](mailto:marks5055@tds.net)