

The North-west Illinois IASN Conference Attendance Scholarship Application Form

Last Name: _____ First Name: _____

Credentials: _____

Address: _____

Telephone: Personal: _____ Work: _____

Personal E-mail: _____

IASN/NASN Membership #: _____ Years as an IASN Member: _____

Have you attended an IASN Annual Conference before? ____ no ____ yes: When was the last time you attended an IASN Annual Conference: _____

Current Employer: _____

Employer's Address: _____

Current Job Position: _____

Explain any large financial obligations (college tuition, medical bills, child support, etc):

Explain what you hope to learn/gain by attending the IASN Annual conference:

How do you plan to share the information you learn at the conference with the other nurses in your district? _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

Applicant's Signature: _____ Date: _____