



MSDU Sonographer Grant Application

MSDU Annual Seminar Year 2012

SONOGRAPHER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email _____

******Please note: Notification of grant awards will be made via email, applicants will have 48 hours to respond and accept grant.******

I am registered in the following specialty areas: (check all that apply)

- Abdomen Breast Cardiac (Adult) Cardiac (Fetal) Cardiac (Pediatric)
 Neurosonology Ob/Gyn Ophthalmology Vascular

ARDMS Registry #: _____

To be eligible to apply for a sonographer grant, applicants must (at time of application):

- 1.) Be an MSDU member in good standing,
- 2.) Be registered by the ARDMS,
- 3.) If selected to receive a grant, the applicant must register for and attend the entire meeting, and
- 4.) Provide a letter from his/her employer (on institutional/company letterhead) indicating that time will be provided for the sonographer to attend the meeting and employer does not provide funding for the 2012 MSDU Annual Seminar.

MSDU Annual Seminar grant recipients will be selected via a lottery drawing of all applicants received by **March 1st, 2012**. The sonographer grant amount is equal to member tuition payable up to \$250 and will be mailed to grant recipients upon completion of the seminar after applicant attendance has been verified.

Completion of this form does not guarantee receipt of a grant.

Mail completed application to: Melissa Pettyjohn, 125 Bernard St W, West St Paul, MN, 55118,

-OR- scan completed form to PDF format and email to melissapettyjohn@msdu.org

Notification of grant awards will begin within 7 days of the application deadline. To be considered for a grant, applications **MUST** be received by **March 1, 2012**.

I understand and will abide by the guidelines stated above. Further, I understand that falsification of any of the information provided will result in the rejection of this grant application.

Signature _____ Date _____