



MSDU Student Grant Application

MSDU Annual Seminar Year 2012

STUDENT 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.******

PROGRAM INFORMATION

Student Graduation Date (MM/YY) _____

School Name _____

Program Director _____

Program Director Signature _____

Phone (____) _____ Email _____

To be eligible to apply for a student grant, applicants must be:

- 1.) Enrolled in an accredited diagnostic medical sonography, cardiovascular technology or echocardiography program,
- 2.) If selected to receive a grant, the applicant must register for the entire seminar, and
- 3.) Applicant must be a MSDU member in good standing. Applicant may submit member application and student membership fee (\$10) at the time of grant application.
- 4.) Must not receive additional tuition reimbursement from other institutions or organizations for the MSDU Spring Seminar.

MSDU Annual Seminar grant recipients will be selected via a lottery drawing of all applicants received by **March 1st, 2012**. The student grant amount is member tuition payable up to \$60 and will be mailed to verified grant recipients upon completion of the seminar.

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.
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 1st, 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.

Student Signature _____ Date _____