



2017 Annual Meeting Attendee Scholarship Application

Name: _____
City & State of Residence: _____
Email: _____
Phone: _____
Employer Name: _____
Employer Address: _____
Membership Type: _____
Has applicant ever attended a SCABB Annual Meeting? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list year(s) attended: _____
If yes, was attendance sponsored by employer or at applicant's expense? _____
Has applicant previously received an Attendee Scholarship? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list year(s) awarded: _____

Please include an explanation of the need to attend the 2016 SCABB Annual Meeting, professional and educational objectives for attending, level of support you are seeking (registration fees, lodging, travel, and/or meals) and a statement of support from your employer. Attach a separate document as needed.

Return to SCABB by fax (866) 649-6590, e-mail scabb@scabb.org or mail to 2901 Richmond Road, Suite 130-176, Lexington, KY 40509