



## SCABB Foundation Scholarship Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

City & State of Residence: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Has applicant ever attended a SCABB Annual Meeting?  YES  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?  YES  NO

If yes, please list year(s) awarded: \_\_\_\_\_

Please include an explanation of the need to attend the SCABB Annual Meeting, professional and educational objectives for attending and a statement of support from your employer. Attach a separate document as needed.

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Return to SCABB by fax (866) 649-6590, e-mail [scabb@scabb.org](mailto:scabb@scabb.org) or mail to 2901 Richmond Road, Suite 140-176, Lexington, KY 40509