

Application for TNA Scholarship Education Funding

2009 Deadlines 9th February & 10th August 2009

Full Name: _____

Membership Number: _____ Length of membership: _____

Address: _____

_____ State: _____ PC: _____

Hospital: _____ Speciality: _____

Phone Work: _____ Home: _____ Fax: _____

Email Address: _____

Have you been awarded a TNA Scholarship in the last 2 years? Yes No

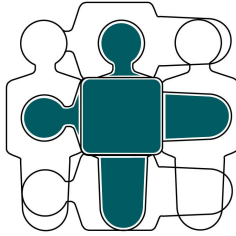
Have you approached other organisations for funding assistance in relation to this request?

If so give details. Yes No

Please Indicate What Type of Financial Support is required:

TNA Conference Attendance:
If applying for TNA Conference Attendance, applicants who are presenting a paper or poster will be given preference. A copy of the abstract must be attached.

Other Conference Attendance – Please Specify what, when and where:
Those presenting will be given preference. A copy of the abstract must be attached.



TNA Education Funding Scholarship Contract

(To be completed on notification of award)

I agree to abide by the condition/ s set out by the Transplant Nurses' Association Inc. and as specified in the Scholarship Application Guidelines.

I will forfeit the scholarship and return all monies if I fail to comply with the condition/s of acceptance.

Award Recipient:

Witness:

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(Print Name)

(Print Name)

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.....

Signature:

Signature

.....

.....

Date:

Date: