



PAHCOM Scholarship Application Form

The purpose of the PAHCOM Scholarship Fund is to increase knowledge of and participation in PAHCOM by assisting members who do not have the financial means to attend the annual conference. Every effort is made to approve funding for PAHCOM members who demonstrate (a) commitment to their professional development and (b) financial need. Decisions are made based on the information submitted. Applicants are encouraged to be clear and specific in describing their reasons for requesting financial assistance. Refer to the PAHCOM Web site for more information. Print this form, complete, scan, and e-mail to pahcom@pahcom.com, fax to (407) 386-7006, or print and mail with attachments to the address at the bottom of the page. June 1, 2011 is the deadline for the 2011 conference.

Name: _____ Title: _____

Member Number: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Employed by: _____

Date of Hire: _____ Years in Management: _____

Amount Requested: \$ _____ Have you asked your employer for assistance? Yes No

Practice will pay \$ _____ Applicant will pay \$ _____

Why are you requesting financial assistance? _____

Have you previously received scholarship assistance? Yes No

Local Scholarship? Yes No

National Scholarship? Yes No

Describe your involvement with PAHCOM. _____
