



MSDU Sonographer Grant Application

MSDU Annual Seminar Year _____

SONOGRAPHER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Email: _____

******Please note: Notification of grant awards will be made via email, and applicants will have 48 hours to respond and accept grant.******

I am registered in the following specialty areas: (check all that apply)

- Abdomen Breast Cardiac (Adult) Cardiac (Fetal) Cardiac (Pediatric)
 Neurosonology Ob/Gyn Ophthalmology Vascular

ARDMS Registry #: _____

To be eligible to apply for a sonographer grant, applicants must (at time of application):

- 1.) Be registered by the ARDMS,
- 2.) If selected to receive a grant, the applicant must register for the MSDU Spring Seminar and attend all of the lectures on Saturday and/or Sunday. One day tuition grants will be permitted.
- 3.) Provide a letter from his/her employer (on institutional/company letterhead) indicating that time will be provided for the sonographer to attend the meeting and the employer does not provide funding for our MSDU Annual Seminar.

MSDU Annual Seminar grant recipients will be selected via a lottery drawing of all applicants received by **March 15th**. The sonographer grant amount is currently at \$250 and will be available to pick up at the registration table on Sunday after the seminar.

Completion of this form does not guarantee receipt of a grant.

Mail completed application to: Darice Kaskinen, 16419 50th St NW, Annandale MN, 55302
-OR- scan completed form in PDF format and email to dschauer07@gmail.com.

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 15th**.

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.

Signature: _____ Date: _____