



Policy 100-136B  
 Date written: March 2021  
 Reviewed:  
 Revised: December 2022

## SUNA uroLogic Conference Registration Scholarship: Two-Year SUNA Member

Please review the registration scholarship criteria prior to completing the application.

Name (include credentials):			
Street Address:			
City:		State:	Zip Code:
Phone:	(W):	(H):	(Cell):
Email Address:			
Active member of SUNA for the past 2 years:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Member since:
SUNA Activities (National, Regional and Chapter):			
CBUNA Certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CBUNA Credential:
Education (Place, Graduation Year, Degrees, Certifications):			
Presentations and/or articles published in the past 5 years:			
Employment: Name and position (for past 5 years):			
Type of urologic care you provide:			
Describe your work setting, your role at work and how this conference will benefit 1) you and your personal growth, 2) benefits your practice, and 3) how information will be disseminated to other health care team members. Please be specific but limit your comments to 350 words. <i>Additional comments may be included on a separate page:</i>			
Signature:		Date:	
<b>SUNA uroLogic Conference Registration Scholarship Application must be <u>received electronically</u> to <a href="mailto:suna@ajj.com">suna@ajj.com</a> by <i>June 1st</i>. The SUNA Foundation will not be responsible for reviewing any scholarship application received after the stated cutoff date.</b>			