

SCLN  
Application for Stipend to Attend NLN Conference  
(For Individual Members Only)

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SCLN Member since:

SCLN Activities/Offices Held:

Additional Professional Activities:

Conference Name:

Location:

Dates:

Registration fee:

I would like to attend this conference because:

My attendance at this conference will benefit SCLN by:

If selected, I agree to submit a comprehensive, written report to the SCLN Board and a brief summary that can be included in the SCLN Update published in the *SCNurse*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit to: Marilyn Brady, SCLN President (address on previous page)