

VNPA

GRANT APPLICATION FOR VNPA FUNDS 2009 - FULL MEMBER

(Grant award up to: \$1,000 full member; \$500 student member)

Date:

Member Name:

Member Number:

Contact Information:

Conference Date:

Brief description of conference. Please include a copy of your student ID, the conference brochure, and an *estimated itemized budget*. Conference fees may be pre-paid, travel fees will be reimbursed upon submission.

Brief description of how this conference will contribute to the advancement of health policy and legislative issues for you and VNPA. Please include how you will be sharing your knowledge with VNPA members in a timely fashion (i.e. 1-3 months). Examples of this may include a website or newsletter article or a conference presentation.

Please send to VNPA, P.O. Box 64773, Burlington, Vermont 05406
or e-mail it to jlaurent@vtnpa.org