Logo, company name

Description automatically generated Policy 100-137B

Date written: Dec 2020

Reviewed:

Revised: Nov 2023

**SUNA Advanced uroLogic Registration Scholarship:**

**One Year SUNA Member**

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

**Registration scholarship you are applying for:**

**Past Presidents’ Scholarship**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (include credentials): | | |  | | | | | | |
| Street Address: |  | | | | | | | | |
| City: | | | | | State: | | | | Zip Code: |
| Phone: | (W): | | | (H): | | | | (Cell): | |
| Email Address: |  | | | | | | | | |
| Active member of SUNA for the past 12-23 months: | | | | | Yes | No | | | Member since: |
| SUNA Activities (National, Regional and Chapter): | | | | | | | | | |
| CBUNA Certification: | | Yes | | | No | | CBUNA Credential: | | |
| Education (Place, Graduation Year, Degrees, Certifications): | | | | | | | | | |
| Employment for the past 5 years (Name and position): | | | | | | | | | |
| Articles and/or Presentations in the 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 heal care team members. Please be specific but limit your comments to 350 words.  *Additional comments may be included on a separate page:* | | | | | | | | | |
|  | | | | | | | | | |
| Signature: | | | | | Date: | | | | |
| **SUNA Advanced uroLogic Registration Scholarship Application must be received electronically to** [**suna@ajj.com**](mailto:suna@ajj.com) **by *December 31st.* The SUNA Foundation will not be responsible for reviewing any scholarship applications received after the stated cutoff date.** | | | | | | | | | |