



NCUS Foundation  
**Employer Affirmation and Reference**  
Annual Conference Grant

**To be Completed by Employer/Supervisor**

**Sonographer Applicant Information**

**Sonographer Name**

**E-mail**

**Phone #**

**Address**

**Employer Information**

**Company Name**

**Company Address**

**Supervisor Name**

**Supervisor Phone #**

**Supervisor Email**

## Supervisor Comments

1. Does this sonographer applicant have any financial assistance available from your company to help pay to attend sonography educational conferences? Please describe below.      Yes                  No
2. Please include reference comments for this employee. Why should this applicant be selected for this grant?

I hereby affirm that the information provided is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the NCUS Foundation.

Supervisor Signature \_\_\_\_\_  
Date: \_\_\_\_\_

