



NCUS Foundation
Student Application
Annual Conference Grant

To Be Completed by the Sonography Student

Student Applicant Information

Last Name

First Name

E-mail

Phone #

Address

Program Director Name

Program Director Address

Program Director Phone #

Program Director Email

Student Comments

Does your Sonography Program provide any financial support for you to attend sonography educational conferences? If yes, please describe below.

By submitting this application you are attesting that you meet the following requirements for consideration. If you do not meet them do not submit.

- 1. I am currently a member of NCUS in good standing and will also be at the time of the next conference.**
- 2. I did not receive this grant last year.**
- 3. I am a United States Citizen.**
- 4. I currently attend a North Carolina primary education sonography program that is accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP).**
- 5. I maintain a 3.5 GPA in my Sonography Program.**
- 6. I am not related to anyone on the NCUS board of directors.**

Please submit this application and other required documentation by the deadline. Any falsified information will result in an application being rejected.

Applicant Signature: _____ Date: _____