



**NCUS Foundation**  
**Annual Conference Grant**  
**Student Program Director**  
**Affirmation and Reference**

**To be Completed by Sonography Student's Program Director**

**Sonography Student Applicant Information**

**Student Name**

**E-mail**

**Phone #**

**Address**

**Program Director Information**

**School Name**

**School Address**

**Program Director Name**

**Program Director Phone #**

**Program Director Email**

**Program Director Comments**

- 1. Does this sonography student applicant have any financial assistance available from your school to help pay to attend sonography educational conferences? Please describe below.    Yes        No**
- 2. Please include reference comments for this student. 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.**

**Program Director Signature \_\_\_\_\_**

**Date: \_\_\_\_\_**