



NCUS
FOUNDATION

NORTH CAROLINA ULTRASOUND SOCIETY

NCUS Foundation
Annual Conference Grant
Sonographer Application

This Application is for Non-Student Applicants

To Be Completed by the Sonographer

Sonographer Applicant Information

Last Name

First Name

E-mail

Phone #

Address

Employer Name

Employer Address

Supervisor Name

Supervisor Phone

Supervisor Email

Sonographer Comments

Has your employer provided 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 work as a sonographer in the state of North Carolina, or am actively seeking sonography employment in the state of North Carolina.**
- 5. I am registered with ARDMS or CCI, or registry eligible.**
- 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: _____