Scholarship Application Form

Name: __________________________

Agency: _________________________________________________________________________________

Position: _________________________________________________________________________________

Address: _________________________________________________________________________________

City – State: ____________________________ Zip: ___________________

Work Phone: ___________________________ Home Phone:____________________

Email address _____________________________________________________________________________

Scholarship Criteria - Applicants will:

• Be in a position/role that requires active participation in the response to child maltreatment reports (investigation, prosecution, medical care and counseling) and/or child maltreatment education and prevention efforts, including interest in/or participation in the national and international missing and exploited children’s programing.

• Provide a statement of interest (use form below) describing how and why attendance at the conference would enhance current professional skills and service to children and families.

• Scholarships awarded on a first come first serve basis and will be prioritized by students in child welfare studies and applications that have not received a scholarship in the past.

Scholarship application with conference registration form needs to be received by April 19th, 2019

Notification letters or phone call to all applicants will be by April 23, 2019. Applicants may be offered full or partial scholarships; travel and lodging not included.

Statement of Interest (100 words or less)

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Cathy Pupp
Public Affairs
Mayo Clinic Health System
700 West Ave South
La Crosse, WI  54601