



SDMS Annual Conference Grant Program Director Affirmation

This form is only required if the applicant has been accepted OR is currently enrolled in a sonography educational program.

Applicant Information

SDMS Member # E-mail

Last Name First Name

Daytime Phone

Program Director Affirmation

I hereby affirm that the grant applicant has been accepted or is currently enrolled in a sonography-related educational program and the information provided below is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS Foundation.

Program Director Signature

(mm/dd/yyyy)
Date

Anticipated Graduation Date (mm/dd/yyyy)

Program Director information

First Name Last Name

Educational Program Name

Address

City State Zip/Postal Code Country

Daytime Phone Email Address