



SDMS Foundation Scholarships

Employer Affirmation

Use this form for either the SDMS Foundation Student Sonographer Scholarship –OR– the SDMS Foundation Sonographer Advanced Degree Scholarship.
This form is only required if the applicant is currently employed.

Applicant Information

SDMS Member # E-mail

Last Name First Name

Daytime Phone

Employment

My employer provides financial support for the following educational expenses:

		Employer Provided Financial Support			
College Expenses	2012 Estimated Expenses	None	Partial (provide percentage)	Full	
1. Tuition	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>	
2. Books	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>	
3. Fees	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>	
4. Transportation	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>	
5. Other costs	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>	

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I hereby affirm that the information provided above 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.

Supervisor Signature

Date (mm/dd/yyyy)

Supervisor First Name Supervisor Last Name

Employer/Company Name

Address

City State Zip/Postal Code Country

Daytime Phone Email Address