

2010 RiteCare[®] Conference

April 15–16, 2010 • Sheraton Canal Street Hotel, New Orleans, Louisiana



APPLICATION FOR FINANCIAL ASSISTANCE

A limited amount of funding is available for expense reimbursement for clinic personnel who require financial assistance to attend the **2010 RiteCare Conference, April 15–16, 2010, in New Orleans, La.** **The maximum reimbursement is \$400.⁰⁰** Clinic personnel who wish to apply for financial assistance should (a) complete this form, (b) discuss their request with their local Sovereign Grand Inspector General or Deputy and obtain his signature on this form, and (c) forward this form using the information at the bottom of this page.

Because funding is limited, it may not be possible to award financial assistance to all applicants. To encourage participation from all Scottish Rite Clinics and Centers, one request per clinic will be considered initially on a first-come, first-served basis; multiple requests from a single clinic only will be considered if funding is available.

All requests must be received by **February 15, 2010**, for full consideration. Applicants will be notified of acceptance or denial of their request before March 1, 2010. Funds will be dispersed following the conference upon verification of attendance and receipt of expense report. **Verification of attendance and expense report must be received by June 1, 2010, or the funds will be forfeited.**

Name Date

Clinic

Address

City State ZIP

Phone Fax

Email Amount of assistance requested: \$

To assist the Program Committee in meeting your needs, please provide a short statement of your objective in attending this conference.

I request financial expense reimbursement to attend the **RiteCare Conference, April 15–16, 2010, in New Orleans, La.** I understand that the maximum funding available is **\$400.⁰⁰** If granted, I understand that monies will be dispersed following the conference on verification of my attendance and receipt of my expense report. I am responsible for all costs associated with attending the conference.

Applicant Signature Date

I support this application for financial assistance for the **RiteCare Conference.**

S.G.I.G./Deputy Signature Date

Please send completed form to:
RiteCare Conference Scholarship, Supreme Council, 33rd; 1733 16th Street, NW; Washington, DC 20009–3103.