



SDMS FOUNDATION EDUCATIONAL GRANT EMPLOYER AFFIRMATION

This form is only required if the applicant is currently employed.

APPLICANT INFORMATION

SDMS # _____ Email _____

Last Name _____ First Name _____

Daytime Phone () _____ ext. _____

EMPLOYMENT

My employer provides financial support for the following conference expenses:

SDMS ANNUAL CONFERENCE EXPENSES	EMPLOYER PROVIDED FINANCIAL SUPPORT		
	None	Partial (provide percentage)	Full
1. Registration Fees	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
2. Travel (air, car, etc.)	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
3. Hotel/lodging	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
4. Meals/per diem	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
5. Other costs (taxi, tips, etc.)	<input type="checkbox"/>	_____ %	<input type="checkbox"/>

EMPLOYER AFFIRMATION

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

Supervisor First Name _____ Supervisor Last Name _____

Employer/Company Name _____

Address _____

City _____ State/Province _____ Zip+4/Postal Code _____

Daytime Phone () _____ ext. _____ Email _____

Questions?