



**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 # _____ Email _____

Last Name _____ First Name _____

Daytime Phone () _____ ext. _____

EMPLOYMENT

My employer provides financial support for the following educational expenses annually:

| EDUCATIONAL EXPENSES | Estimated Annual Expenses | EMPLOYER PROVIDED FINANCIAL SUPPORT | | |
|--------------------------|---------------------------|-------------------------------------|------------------------------|--------------------------|
| | | None | Partial (provide percentage) | Full |
| 1. Tuition | \$ _____ | <input type="checkbox"/> | _____ % | <input type="checkbox"/> |
| 2. Books | \$ _____ | <input type="checkbox"/> | _____ % | <input type="checkbox"/> |
| 3. Fees | \$ _____ | <input type="checkbox"/> | _____ % | <input type="checkbox"/> |
| 4. Transportation | \$ _____ | <input type="checkbox"/> | _____ % | <input type="checkbox"/> |
| 5. Other costs | \$ _____ | <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?