



Kathi Cunningham Memorial Conference Scholarship

NOMINATION FORM

WithIt members should complete this form with as much contact information for the nominee as possible. Please type or print clearly and answer the following questions. Submit nominations to director@withit.org.

NOMINEE:

Name: (First) _____ (M) _____ (Last) _____

Employer or Company (if self employed): _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Cell phone: _____

Email Address: _____

Does the nominee need financial assistance to be able to attend the conference? Yes No

Will the nominee be able to cover the travel costs associated with attending? Yes No

Describe why this nominee is a candidate for a scholarship to the professional conference:

MEMBER NOMINATOR INFORMATION:

Name: _____ Email Address: _____

Employer or Company (if self employed): _____

Work phone: _____ Cell phone: _____