

APTA WI CESIG
Educational Leadership Conference
Scholarship Application for Clinicians



Name: _____ Date of Request: _____

Place of Employment: _____

Address Employment: _____

Have you attended ELC in the past? If so, when? _____

Did you receive financial assistance through the APTA WI CESIG in the past? YES NO

Current Registration Cost: _____

Travel Details - airfare, car, mileage, etc. / Cost (estimate): _____

Hotel Details - location, roomates, etc. / Cost (estimate): _____

Please answer the following questions regarding the course (<250 words each):

- Why are you applying for this scholarship?
- What programming interests do you have and/or topics do you plan to attend?

I understand that any costs above the approved amount by the CESIG Board will be my personal responsibility.

I understand that I will be required to attend daily programming in addition to a clinical education meeting.

I understand that, if selected for a scholarship, I will be asked to prepare an educational session at a future APTA WI CESIG event.

Signature: _____ Date: _____