



# INLAND EMPIRE NURSES ASSOCIATION

## WSNA Convention Scholarship Application Instructions

This scholarship offers a maximum amount of **\$500** and is available while funding allows. It is available to IENA members in good standing who attend the 2017 WSNA Convention.

To apply for a Scholarship to reimburse some of the costs to attend the WSNA Convention, please complete this application and submit it to the IENA Scholarship Committee for consideration. We anticipate approving approximately ten (10) members for these \$500 scholarships.

You will be notified within three weeks of submission if you have been approved.

You must register for the Convention and pay the appropriate Registration Fee to attend.

**Please note that the Registration Fee increases if not paid by March 1!**

To register go to: <http://www.rnconvention.com/register>

You must make your own hotel reservations and pay for the hotel. (Use Group code TB0419) Hotel charges increase substantially after March 30, so make your reservation soon!

To make hotel reservations go to: <https://www.tulalipresortcasino.com/Resort/Accommodations>

You must make your own arrangements for transportation to the Convention in Tulalip, WA. Note that the Tulalip Convention facility is located a few miles north of Everett.

### **Submit application to:**

Inland Empire Nurses Association—CONVENTION SCHOLARSHIPS  
222 W Mission, Suite 231  
Spokane, WA 99201  
Email: [jkaiser.iena@gmail.com](mailto:jkaiser.iena@gmail.com)  
Phone 509-328-8288

If you are approved for a Convention Scholarship, after attending the Convention you need to complete a Volunteer Expense Voucher and submit it, along with ORIGINAL receipts of all expenses for which you are requesting reimbursement (up to \$500). When received at the IENA office, your request will be reviewed. If approved, a check will be sent to you to reimburse approved expenses.



## INLAND EMPIRE NURSES ASSOCIATION

### WSNA Convention Scholarship Application Form

Name:	Home Phone:
Permanent address:	Cell Phone:
Email address:	OFFICE USE: IENA member? Yes No

What is your preferred method of contact? Email or Home Phone or Cell phone (please circle)

Please briefly describe your activities and involvement in IENA and/or your Local Unit:

Have you attended any previous WSNA Convention?

What do you hope to gain by attending this year's Convention?

Please describe what you would like to see IENA doing in the next few years?

How would you like to be engaged in IENA activities?

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# VOLUNTEER EXPENSE VOUCHER

INLAND EMPIRE NURSES ASSOCIATION  
222 West Mission Avenue, Suite 231; Spokane, WA 99201  
Email: [jkaiser.iena@gmail.com](mailto:jkaiser.iena@gmail.com)  
[www.spokanenurses.org](http://www.spokanenurses.org)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Expenses Covering (name/location of meeting) \_\_\_\_\_

**NOTE: Federal Law requires that all expenses listed must include ORIGINAL RECEIPTS.**

Date and Place of Meeting \_\_\_\_\_

Per Diem Hotel/Motel Room (attach original receipts) \$ \_\_\_\_\_

Meals (attach original receipts) \$ \_\_\_\_\_

Transportation Car Mileage (\_\_\_\_ miles per Google Maps) \$ \_\_\_\_\_

Parking (attach original receipts) \$ \_\_\_\_\_

Other Transportation (attach original receipts)  
\_\_\_\_\_ \$ \_\_\_\_\_

Other (please explain): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Budget Line Item \_\_\_\_\_ Approved by \_\_\_\_\_

Amount Approved \_\_\_\_\_ Date Approved \_\_\_\_\_

Check Number Issued \_\_\_\_\_ Date Check Issued \_\_\_\_\_