



INLAND EMPIRE NURSES ASSOCIATION

Special Event Scholarship Application Instructions

This scholarship offers a maximum amount of **\$400** and is available while funding allows. It is available to IENA members in good standing who attend an event approved and funded by the IENA Board of Directors.

To apply for a Scholarship to reimburse some of the costs to attend an approved event, please complete this application and submit it to the IENA Scholarship Committee for consideration.

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

You must register for the event you are attending and pay the appropriate Registration Fee. You must also make your own hotel reservations and pay for the hotel, along with making your own transportation arrangements.

Submit application to:

Inland Empire Nurses Association—SPECIAL EVENT SCHOLARSHIPS
222 W Mission, Suite 231
Spokane, WA 99201
Email: jkaiser.iena@gmail.com
Phone 509-328-8288

If you are approved for a Special Event Scholarship, after attending the event 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 \$400). 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

Special Event 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 WSNA/IENA and/or your Local Unit:

Have you attended any previous WSNA/IENA events?

What do you hope to gain by attending this event?

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

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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
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 _____