



INLAND EMPIRE NURSES ASSOCIATION

Special Event 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 an event approved and funded by the Inland Empire Nurses Association (IENA) Board of Directors. **Note: ALL SCHOLARSHIP APPLICATIONS MUST BE APPROVED PRIOR TO THE EVENT**

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 (if any). 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: admin@IENAnurses.org

Phone: 509-328-8288

If you are approved for a Special Event Scholarship, then after attending the event you must complete a Volunteer Expense Voucher and submit it, along with ORIGINAL receipts of all expenses for which you are requesting reimbursement (up to \$500). (NOTE: alcoholic beverages are not reimbursed). When received at the IENA office, your request will be reviewed. Once 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 (required)? 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?

Please describe the event you wish to attend, and what do you hope to gain by attending it?

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: admin@IENAnurses.org **Website:** www.IENAnurses.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 _____