

INTERNATIONAL TRANSPLANT NURSES SOCIETY

LOUISIANA CHAPTER

P.O. Box 7681
Metairie, La., 70010-7681
Grant Application to the Betty Kesler Memorial Education Fund
Other Transplant Related Events
Date: _____

Name: _____
E-mail address: _____

Address: _____
City: _____, State: LA., Zip: _____
Contact phone number (s) _____

Place of Employment: _____

Title: (please include all credentials): _____
In twenty-five words or less, explain the reason for your request for grant assistance:

The undersigned grant funds acceptor hereby agrees to the terms of acceptance: Within one calendar year of use of said funds, acceptor will provide education to the LA Chapter general membership at a local business meeting. The amount of money granted is \$450 maximum: registration fee and application submission per LaITNS. Any remaining funds may be applied to travel expenses per the member. Please submit a copy of the seminar brochure with grant application to secretary.

For requests for support other than ITNS Annual Symposium registration, dated receipts for lodging, transportation and meals should be received within 30 days of event. For additional details see BKF Policy on the LaITNS web site: www.laitns.org.

Signed: _____ Date: _____

For Chapter use Only:
Funds assigned/requested: \$ _____ .00
Approved: _____ Disapproved: _____
Date: _____

Approved
by: _____ Signature: _____
Title: _____

Reason for
Disapproval: _____

