ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS

Scholarship and Travel Program (STP) Application

Due date: February 27, 2009 **All Information will remain CONFIDENTIAL**

Applicant Last Name First Name M.I.

Institution Name Medical School Affiliation

Telephone # Fax # E-mail Address

Have you previously attended an AAAP meeting?

Yes, annual meeting: _____ Last meeting date: _____ @ _____

Yes, regional meeting: _____ Last meeting date: _____ @ _____

No, I have not attended a meeting previously. _____

Have you attended or do you plan to attend another professional meeting this calendar year?
If so, which one? _____

Expenses requested:	**Amount**	**Approved** (For Committee Use Only)
Registration	_____	_____
Airfare	_____	_____
Lodging	_____	_____
TOTAL	_____	_____

Comments: _____

_____

I hereby certify that this request is made in full compliance with the guidelines provided.

Applicant Signature: _____ Date: _____