



2020 NYS Healthcare Facilities Conference Scholarship Form

This scholarship is being offered to the NYS Facilities Healthcare Conference. The scholarship is presented to a matriculated student who would like to learn more about fields relating to healthcare facility management and design. The scholarship will cover admission to the conference, and in some instances may include overnight stay at the conference location. The scholarship does not include any incidentals for hotel stays and you will have to provide a credit card to cover these upon registration to the hotel. The number of applicants receiving the scholarship will be determined by the conference committee. The Conference Committee or members thereof will not be held liable for any incidents related to this event. The student attending will be required to uphold all NYS Laws throughout the conference.

Date of Submission: _____

Applicant Name: _____

Applicant Address: _____

Contact Telephone Number: _____ **Cell Y** ___ **N** ___

Email Address: _____

Emergency Contact: _____

Contact Telephone Number: _____

College Attending: _____

College Address: _____

Curriculum: _____

Degree Program AAS ___ BS ___ MA ___ PHD ___



Faculty Member Approval: _____

Faculty Member Contact Telephone: _____

Faculty member Contact Email: _____

Please Tell Us About Your Future Job Expectations After College:



What do you expect to get from this conference and how will it help you in your field:

Applicant Signature: _____

Please note Conference Transportation to and from conference is not included. Food allowances are limited to conference provided meals for attendees.