

SCHOLARSHIP APPLICANT MUST BE A CURRENT MEMBER OF THE FLORIDA CHAPTER OF ASET		
Scholarship Applicant		Phone:
Neurodiagnostics Webinar yes or no	Neuro Intra Operative Monitoring Webinar: yes or no	
Current address:		
City:	State:	ZIP Code:
Credentials:	E-mail:	Fax:
EDUCATION		
School/ Program:	Work Experience:	
	Main responsibilities:	
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:		Fax:
City:	State:	ZIP Code:
Position:		
CREDENTIALS HELD AND EDUCATION ASSISTS		
R. EEG T.: yes/no R. EP T.: yes/no CNIM: yes /no CLTM: yes/no NCST: yes/no, DABNM: yes/no		
OJT:	Current Trainee:	Current Program:
Does your employer provide education funds?	Have you ever attended a Florida Chapter meeting	ASET ID
REFERENCE AND ESSAY		
Name of Employer/Instructor:	Email address:	Phone
	Please write a short essay on why you are a good candidate for the scholarship	
Deadline: November 5, 2020 No applications will be reviewed for consideration after the deadline	Email: Scholarshipflchapterofaset@outlook.com	
OTHER		
Signature of Applicant:		Date: