Travel Scholarships Application



Name			AMERICAN SPINAL INJURI ASSOCIATIO
Address	(first, middle initial, last	t, and professional credentials)	
Phone			
EmailInstitution Name			
Position/Role			
Member of ASIA?Y			
ASIA Committee Service or Lec			
Please Indicate Which			
physical disability OR belo Foundation report: "Wome	nd ethnic groups include Hisp	acial or ethnic group as def ith Disabilities in Science an	ined by the National Science ad Engineering, 2017". These
-	p Applicants Only: (please ar		
	ity? Y N	Sex? F <i>N</i>	M decline to say
Underrepresented Min		A	
	African American Native Hawaiian		der
include students, residents, fell confirming their trainee status. Allied Health Scholars Allied Health professional. Exa	lows and interns. Applicants v Applicants must also be a cu ship (To be eligible for this av Imples of allied health profess	will need to provide a letter urrent ASIA member.) ward, applicants must be a sions include but are not lin	current ASIA member and be an nited to nursing, psychology, case
Training Program?		ierapy, recreational therapy	and speech language pathology.)
	—— ement (500 word limit) includ 2019 ASIA meeting, and c) w		f your career details and goals, at the meeting (please list title,

All applicants must submit a) the application form and b) their personal statement. Trainee applicants need to also submit c) documentation of their trainee status (mentor/supervisor letter).

Please submit to **Patty@asia-spinalinjury.org** by midnight **Eastern Time Feb 5**. We will review applications are they are submitted. All applicants will have a final determination by 11 Feb.