

**APPLICATION:**

**ASBMR BETSY LOVE MCCLUNG, RN, MN TRAVEL GRANT**

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| American Society for Bone and Mineral Science  2025 M Street NW, Suite 800  Washington, DC 20036-3309  Phone: (202) 367-1161  Website: www.asbmr.org  **Applications are due on or before August 17, 2016** |

**AMERICAN SOCIETY FOR BONE AND MINERAL RESEARCH**

**BETSY LOVE MCCLUNG, RN, MN TRAVEL GRANT**

The ASBMR Betsy Love McClung Travel Grant has been established by the ASBMR Fund for Research and Education to honor the memory of Betsy Love McClung, RN, MN for her role in supporting the development of nurses and allied health professionals taking care of patients with osteoporosis. The travel grant will facilitate the professional development of nurses, nursing students, physician assistants, technicians and therapists involved in the care of patients with metabolic bone diseases by providing travel funds to attend the ASBMR Annual Meeting beginning in 2016. The recipient will receive $1,500 to support travel to the meeting.

**Eligibility**

Eligible applicants must:

* Be a nurse, student nurse, physician assistant, technician or therapist who takes cares of patients with osteoporosis or other metabolic bone diseases
* Be available to attend the ASBMR Annual Meeting

The travel grant is open to both ASBMR members and nonmembers.

**Application Process**

A Complete Application Consists of:

Eligible applicants will be asked to submit a brief award application outlining why they should be selected and how they will benefit from attending the ASBMR Annual Meeting. The applications will be reviewed by the ASBMR Development Committee. **The submission deadline for applications is August 17 and the awardee will be selected and notified no later than August 31.**

**Submit Your Application:** Applications must be submitted to [asbmr@asbmr.org](mailto:asbmr@asbmr.org) no later than **August 17, 2016**.

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| **Betsy Love McClung RN, MN Travel Grant** | | | | | | | | | Submit Completed Application to:  **ASBMR@asbmr.org**  For questions contact:  Deb Kobus  Tel: (202) 367-1161  E-mail: ASBMR@asbmr.org | | | | | | | |
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| *Do not exceed character length restrictions indicated.* | | | | | | | | | | | | | | | | |
| 1. AWARD TYPE  **Betsy Love McClung, RN, MN Travel Grant** | | | | | | | | | | | | | | | | |
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| 2. NAME *(Last, first, middle)* | | | | | | | | 2a. DEGREE(S) | | | | | |  | | |
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| 2b. POSITION TITLE | | | | | | | | 2c. MAILING ADDRESS *(Street, city, state, zip code, country)* | | | | | | | | |
| 2d. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | | | |
| 2e. MAJOR SUBDIVISION | | | | | | | |
| 2f. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | | E-MAIL ADDRESS: | | | | | | | | |
| TEL: |  | | | FAX: | |  | |  | | | | | | | | |
| 3. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | | |  | | | | | | | |
| From | | | Through | | | | |  | | | | | | | | |
| 4. APPLICANT ORGANIZATION | | | | | | | | 5. TYPE OF ORGANIZATION | | | | | | | | |
| Name | |  | | | | | | Public: **→**  Federal  State  Local | | | | | | | | |
| Address | |  | | | | | | Private: **→**  Private Nonprofit | | | | | | | | |
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| 6. APPLICANT SIGNATURE | | | | | | | |  | | | | | | | | |
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| Applicant (Last, First, Middle): |  |
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| DESCRIPTION: Please describe what your role is in taking care of patients with osteoporosis or other metabolic bone diseases, why you should be selected and how you will benefit from attending the ASBMR Annual Meeting.  **DO NOT EXCEED THE SPACE PROVIDED.** | |
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For more information, contact

Deb Kroll, ASBMR Development Director

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