

Application for VRA Foundation Continuing Education Funds

Name:

Employer:

Professional Position:

Description of the Continuing Education Activity:

(Please include CE Provider or Event name, anticipated content, Information you hope to receive and how this relates to your professional role and please limit this information to 1 paragraph).

Agreement to provide post-event evaluation to the VRA Foundation Board: If I am selected for a \$100 VRA Foundation Continuing Education scholarships, after attending the continuing education activity, I agree to provide a brief summary (no more than 2 paragraphs) detailing my experience, whether I would recommend the activity to another professional, and how I will use the knowledge I have gained professionally to benefit the VRA community.

Signature of VRA Member:

Date:
