



TUITION GRANT APPLICATION

Complete this two-page application form in its entirety. Make sure you answer all questions. Mail or email this completed form, along with the requested attachments, for receipt by June 1 to ASET Foundation, 402 East Bannister Road, Suite A, Kansas City, MO 64131.

Name of Applicant _____ Date _____

Date of Birth _____ Social Security Number _____

ASET Member Yes No

Professional Credentials R. EEG T. R. EP T. CNIM R. NCS T. RPSGT
 CLTM Other _____

Current Permanent Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email _____

If you are under 21, list parent's name/address _____

If employed, name of employer _____

Position/Title _____

Employer Address _____



I hereby make an application for the ASET Foundation Tuition Grant to be used at the following: (Any student who is enrolled full time in a CAAHEP accredited neurodiagnostic program is eligible to apply for a grant. In addition, persons already employed in the neurodiagnostic profession may apply for a grant to attend a 2-year junior college or a 4-year college to pursue their degree.)

Institution _____

Program Director _____

Address of Institution _____

City _____ State _____ Zip _____

Telephone (____) _____

I will be enrolled as a student [ex. Fall semester '16] _____

I will be working toward a _____ degree.

Tuition Grant Application, continued

- I have previously received a grant from ASET or the ASET Foundation in _____ [list year].
- I have never received a grant from ASET or the ASET Foundation.

Estimated total tuition cost for this education: \$ _____

Other funding sources and amounts anticipated to be applied toward your tuition cost:

- | | | | |
|---------------------------------------|----------|---|----------|
| <input type="checkbox"/> Parents | \$ _____ | <input type="checkbox"/> Loans | \$ _____ |
| <input type="checkbox"/> Spouse | \$ _____ | <input type="checkbox"/> Part/Full Time Job | \$ _____ |
| <input type="checkbox"/> Employer | \$ _____ | <input type="checkbox"/> Personal Savings | \$ _____ |
| <input type="checkbox"/> Scholarships | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Grants | \$ _____ | | |

Include with the completed application:

1. A typed, signed statement of your general activities and interests, career and professional goals, anticipated employment [if applicable], field of study and any community/volunteer service.
2. An outline of your proposed program of study to substantiate your intent to pursue a career in the field of neurodiagnostic technology or to obtain an advanced degree in order to serve as faculty within the field.
3. Official copies of transcripts of all the accredited trade school or college courses [certified by the registrar] which have been taken [if applicable].
4. Typed letters of recommendation from at least two persons. ***It is preferred, but not required, that one of these letters be submitted by someone in the neurodiagnostic profession.***

The following two persons have been requested to write letters regarding my qualifications, character and abilities and to send them directly to THE ASET FOUNDATION office [it is the responsibility of the applicant to ensure that letters are received by the June 1 deadline].

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____



It is my understanding that this ASET Foundation Tuition Grant will be awarded for the purpose of allowing me to further my education and training in the neurodiagnostic profession.

Signature of Applicant _____ Date _____

Mail or email this completed form, along with the requested attachments, for receipt no later than June 1.