

# 2014 RiteCare® Conference

September 18–20, 2014 • Marriott St. Louis West Conference Center, St. Louis, Mo.



## APPLICATION FOR FINANCIAL ASSISTANCE

A limited amount of funding is available for expense reimbursement for clinic personnel who require financial assistance to attend the 2014 RiteCare Conference, September 18–20, 2014, in St. Louis, Missouri. **The maximum reimbursement is \$400.** Clinic personnel who wish to apply for financial assistance should (a) complete this form, (b) discuss their request with their local Sovereign Grand Inspector General or Deputy and obtain his signature on this form, and (c) forward this form using the information at the bottom of this page.

Since funding is limited, it may not be possible to award financial assistance to all applicants. To encourage participation from all Scottish Rite Clinics and Centers, one request per clinic will be considered initially on a first-come, first-served basis; multiple requests from a single clinic only will be considered if funding is available.

All requests must be received by **July 15, 2014**, for full consideration. Applicants will be notified of acceptance or denial of their request before August 1, 2014. Funds will be dispersed following the conference upon verification of attendance and receipt of expense report. **Verification of attendance and expense report must be received by October 31, 2014, or the funds will be forfeited.**

Name ..... Date .....

Clinic .....

Address .....

City ..... State ..... ZIP .....

Phone ..... Fax .....

Email ..... Amount of assistance requested: \$ .....

**To assist the Program Committee in meeting your needs, please provide a short statement of your objective for attending this conference.**

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I request financial expense reimbursement to attend the **RiteCare Conference, September 18–20, 2014**, in **St. Louis, Missouri**. I understand that the maximum funding available is **\$400**. If granted, I understand that monies will be dispersed following the conference on verification of my attendance and receipt of my expense report. I am responsible for all costs associated with attending the conference.

Applicant Signature ..... Date .....

I support this application for financial assistance for the **RiteCare Conference**.

S.G.I.G./Deputy Signature ..... Date .....

**Please send completed, signed form to:**  
RiteCare Conference Scholarship, Supreme Council, 33°; 1733 16th Street, NW; Washington, DC 20009–3103.