



TUITION GRANT APPLICATION

Complete this three-page application form in its entirety. Make sure you answer all questions. Mail 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, or email to info@asetfoundation.org.

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 of year XX] \_\_\_\_\_

I will be working toward a \_\_\_\_\_ degree.

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In the event you are awarded a tuition grant, a check will be issued directly to your school's registrar or financial aid office to be credited toward your tuition cost. Provide below the name and complete contact information of the individual with whom you have been working regarding your tuition:

Contact Name and Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address (or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Telephone Number (include area code) \_\_\_\_\_

Your Student ID Number \_\_\_\_\_

Check is to be made payable to \_\_\_\_\_

Please provide any other special instructions required by your institution \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 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 (if already enrolled, enter estimated tuition cost remaining to complete your degree): \$\_\_\_\_\_ (total) \$\_\_\_\_\_ (remaining)

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 [certified by the registrar] of all the accredited trade school or college courses which have been taken. Instruct institutions to send transcripts directly to the ASET Foundation. It is the responsibility of the applicant to ensure that transcripts are received by the July 1 deadline.) Please list the schools from which you have requested transcripts to be sent:

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If no prior course work has been taken, check here:

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.