

UURMaPA Conference
Financial Aid Request Form
For up to US\$50.00 per Pod Attendee

First Requester's Name: _____

Second requester's Name: _____

Address: _____ Mobile: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Email: _____

I/We attended the Pod at: _____

Date	Requesting Financial Aid Toward	Amount

Total Financial Aid Requested (not to exceed US\$50.00): _____

Date: _____

Signature: _____

Thank you for applying for financial aid. You will receive a check once our UURMaPA Treasurer has received and processed your request.

Mail this form to: Richard Nugent, Treasurer
UURMaPA
4740 Connecticut Avenue NW
Washington, DC 20008