**SDRAN Educational Grant (SEG) Financial Assistance Application**

The SDRAN Educational Grant (SEG) program was established to provide industry professionals and students assistance with attending academic courses, professional meetings, conferences, and symposia relevant to the regulatory affairs industry. The awarded grant can only be used to provide recipients with the opportunity to participate in professional regulatory, quality, clinical affairs, and other relevant industry meetings. Consideration for the SEG award will be based on individuals who meet the following requirements:

1. Applicant is an SDRAN member in good standing.
2. Applicant is a student, regulatory, quality, or clinical affairs professional.
3. Application for grant must be completed and submitted 30 days prior to the need for funds.
4. Applicant is currently not funded or insufficiently funded to attend professional events.

**DEADLINE FOR SUBMISSION OF APPLICATION**: at least 30 days prior to event

If you have questions, please contact [membership@sdran.org](mailto:membership@sdran.org).

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| --- | --- | --- | --- |
| Personal Information | | | |
| Name | |  | |
| Address | |  | |
| City, State and Zip | |  | |
| Telephone Number Home | | ⁪ Home ⁪ Cell ⁪ Work | |
| College/University/Institution/Organization You Plan To Attend | | |  |
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| Amount Requested: $ | | |  |
| Application for: (Attach Program Information)  □Seminar □Conference □Course □ Other (describe below) | | |  |
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| Short statement citing reason for request: | | |  |
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| List professional activities/associations in which you participate: | | |  |
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| List employment during the past two years (if relevant). Include the name of the company, your title, and provide a summary of Regulatory, Quality, or Clinical Affairs responsibilities: (A current resume may be attached in lieu of filling out this section of the form.) | | |  |
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| Career Goals and Objectives:  State briefly your intended career objectives and indicate how they relate to Regulatory, Quality, or Clinical Affairs within the Drug, Dietary Supplement, Biologic, In Vitro Diagnostic, Medical Device, or Combination Product industry: | | |  |
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| Why should SDRAN award you this educational grant? | | |  |
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| References | | |  |
| List the names, location, and occupation of the two people providing a letter of reference. | | |  |
| Name |  | | |
| Address |  | | |
| City, State and Zip |  | | |
| Telephone Number | ⁪ Home ⁪ Cell ⁪ Work | | |
| Occupation |  | | |
| Name |  | | |
| Address |  | | |
| City, State and Zip |  | | |
| Telephone Number | ⁪ Home ⁪ Cell ⁪ Work | | |
| Occupation |  | | |

Return completed form to: [membership@sdran.org](mailto:membership@sdran.org)