



# WISCONSIN SOCIAL SERVICES ASSOCIATION CONFERENCE GRANT APPLICATION

**WSSA**

County: \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_

Position: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Current WSSA Member:  Yes  No How many years: \_\_\_\_\_

## CONFERENCE PLANS

Name of conference you are planning to attend: \_\_\_\_\_

Date(s) & Location of conference: \_\_\_\_\_

Have you applied/registered and been accepted?  Yes  No Approximate Total Cost: \$ \_\_\_\_\_

How does this conference relate to your current position? \_\_\_\_\_

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

\*\* Please enclose a conference booklet and notification of agency approval \*\*

\*\* Please also include a copy of your current WSSA membership card \*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_