



CHICA HANDIC
Application for Educational Assistance

1) Personal Information

Name: _____

Hospital/Agency: _____

2) Education Program

Title: _____

Sponsor: _____

Location: _____

Date: _____ Duration of Program: _____

Learning objectives if program other than Infectious Disease related:

3) Expense details.

Item	Description	Quantity	Unit Cost	Total
Registration				
Transportation				
Accommodation		X __ days		
Meals		X __ days	\$40/day	
Other				
Subtotal				
Total				

4) Submit completed form to CHICA HANDIC treasurer by March 31 of current year.