



Vondersmith Fund Reimbursement Application for Members

Maryland/DC Chapter SOHN

Date:

Name:

Address:

City:

State:

Zipcode:

Email address:

Program Title:

Program Date:

Program Location:

Amount Requested (not to exceed \$300):

Do you have any additional funding resources, if so how much?

For Members: I have met the following requirements-Paid member for at least one year and attended $\frac{3}{4}$ of chapter meetings.

For members and non-members: In order to be reimbursed, I choose to either present a synopsis of one of the program presentations or submit an article to the newsletter of one of the presentations.

Applicant's signature:

Administrator's signature:

Funds amount reimbursed: