



**SDMS FOUNDATION  
SCHOLARSHIPS  
EMPLOYER AFFIRMATION**

Use this form for either the SDMS Foundation Student Sonographer Scholarship -OR- the SDMS Foundation Sonographer Advanced Degree Scholarship. This form is only required if the applicant is currently employed.

**APPLICANT INFORMATION**

SDMS # \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_ ext. \_\_\_\_\_

**EMPLOYMENT**

My employer provides financial support for the following educational expenses annually:

EDUCATIONAL EXPENSES	Estimated Annual Expenses	EMPLOYER PROVIDED FINANCIAL SUPPORT		
		None	Partial (provide percentage)	Full
<b>1. Tuition</b>	\$ _____	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
<b>2. Books</b>	\$ _____	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
<b>3. Fees</b>	\$ _____	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
<b>4. Transportation</b>	\$ _____	<input type="checkbox"/>	_____ %	<input type="checkbox"/>
<b>5. Other costs</b>	\$ _____	<input type="checkbox"/>	_____ %	<input type="checkbox"/>

**EMPLOYER AFFIRMATION**

*I hereby affirm that the information provided above is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS Foundation.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Supervisor First Name \_\_\_\_\_ Supervisor Last Name \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_ ext. \_\_\_\_\_ Email \_\_\_\_\_

**Questions?**

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