

WISCONSIN SOCIAL SERVICES ASSOCIATION CONFERENCE GRANT APPLICATION

PERSONAL DATA

Name _____

Address _____

Phone Number Home _____ Work _____

Current WSSA Member Yes ___ No ___ How many years _____

Your current position _____ How many years _____

CONFERENCE PLANS

Name of conference you are planning to attend _____

Location of the conference you are planning to attend _____

Dates of conference you are planning to attend _____

Have you applied and been accepted for conference attendance? Yes _____ No _____

What is the approximate total expected cost of your conference attendance _____

How does this conference relate to your current position?

**** Please enclose Conference Booklet and notification of agency approval ****

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