



Arkansas Cancer Registrars Association

Lucy Utterback Scholarship Application - 2008

Please refer to the ArCRA Bylaws for scholarship eligibility and guidelines.

Application date: _____

Applicant name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Years in the Cancer Registry: _____

NCRA Member? Yes ___ No ___ If yes, how long? _____

ArCRA Member? Yes ___ No ___ If yes, how long? _____

Please list the name of the event, date, & location for which you seek this scholarship:

Please give a short statement listing your reasons for applying & the goals to be accomplished by receiving this scholarship (25-50 words).

Will my employer support the expense of the exam/educational material/meeting listed above?

Yes ___ No ___

Please submit this form to either the ArCRA President or Secretary **3 months prior** to the event to ensure timely processing.

Tammy Newman, CTR, President
newmantammy1@yahoo.com

Dianna L. Wilson, RHIA, CTR, Secretary
dianna.wilson@triadhospitals.com