

# WILLIAM A. SNARE GRANT APPLICATION

## APPLICANT INFORMATION

Name:

Email:

Phone #:

Current Address:

City:

State:

Zip Code:

## EMPLOYMENT INFORMATION

Current Employer:

Dates of Employment (MM/YY):        /        to Present

Job Title:

Address:

City:

State:

Zip Code:

Email:

Phone #:

Type of Employment (Check One):    Full Time         Part Time         Volunteer

Supervisor Name:

Phone #:

Supervisor Email:

## MEMBERSHIP INFORMATION

CSDIAI Membership Status (Check One):    Active         Life

Duration of CSDIAI Membership (MM/YY):        /        to Present        Membership #:

## CSDIAI SEMINARS ATTENDED

Year:

Location:

Year:

Location:

Year:

Location:

## SIGNATURES

I authorize the verification of the information provided and/or attached on this form.

**\*\*Incomplete applications will be returned to the applicant.**

Applicant Signature:

Date:

**REQUIRED SUPPORTING DOCUMENTATION: ATTACH COPIES OF PROOF OF ATTENDANCE  
FOR 2 CSDIAI SEMINARS WITHIN THE LAST 8 YEARS**