

## Special Interest Group (SIG) Speaker Grant Application

**Instructions and Deadlines:** Each year, the ABA awards up to \$5000 in grants to selected SIGs to support a non-ABA member guest speaker at the SIG sessions at the Annual Meeting. Each Special Interest Group may apply for a grant of up to \$1500 maximum. If more than \$5000 is requested, the actual award amounts will be determined by the MAC and approved by the ABA Board of Trustees. These funds may be used for travel, lodging, related expenses and/or to pay a speaker fee for the guest speaker.

**Deadline for grant applications is July 1.** Applications must be completed in full and returned to the SIG Coordinator with the speaker CV for the Membership Advisory Committee to review. Incomplete or late applications will not be considered. SIG Chairs will be notified of grant awards by September 10<sup>th</sup>.

Email, fax or mail to: Kathy G. Supple, MSN, ACNP, CCRN  
Loyola University Medical Center  
2160 S. First Ave.  
Attn: Burn Unit  
Maywood, IL 60153  
Fax: (708) 216-1257  
Email: [ksupple@lumc.edu](mailto:ksupple@lumc.edu)

SIG Name:

Chair/Primary Contact Person:

Email:

Speaker Name and degrees (if applicable):

- Members of the ABA are not allowed to receive funding through this grant
- Speaker curriculum vitae (CV) must be submitted with the application

Speaker Affiliation:

Presentation Title:

Please provide the reasons you chose this person to speak at your SIG:

Please indicate the correct response and provide estimated cost information below.

Airfare/Mileage Reimbursement	Yes	No	Cost: \$
Lodging	Yes	No	Cost: \$
Speaker Fee (not to exceed \$500)	Yes	No	Cost: \$
Total Grant Request (maximum \$1,500)			\$

The ABA does not provide advance funding for speaker expenses. The SIG Chair is responsible for collecting the necessary receipts/documentation and submitted the ABA Expense Reimbursement Request form within 30 days following the ABA Annual Meeting.

For Membership Advisory Committee use only.

Date Received by MAC: \_\_\_\_\_

MAC Chair Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

Board of Trustees Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

Date SIG Chair notified of stipend award or rejection: \_\_\_\_\_