

Carl Henry Rathjen Scholarship Application
2011 Cranial Academy Conference
(One scholarship per school)
(The UAAO Advisor will choose the scholarship recipient)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ CA Member? Yes _____ No _____

School Attended: _____ Graduation Date: _____

Date and place of approved 40-hour Introductory Course in Osteopathy in the Cranial Field:

Banquet menu preference: Fish _____ Beef _____ Vegetarian _____

Scholarship includes conference registration, lunches and Recognition Banquet. Student is responsible for travel and hotel expenses.

I would like to purchase **additional** ticket(s) for a guest(s):

Recognition Banquet # ___ @ \$55.00 each.....Amount \$ _____

TOTAL ENCLOSED \$ _____

Applications for scholarships must be returned to your UAAO advisor by May 1, 2011, and received by The Cranial Academy by May 15, 2011. The UAAO Advisor will choose the recipient for the school.

Return this application to: **The Osteopathic Cranial Academy**
8202 Clearvista Parkway Suite 9-D
Indianapolis, IN 46256
Telephone: (317) 594-0411; FAX: (317) 594-9299

For hotel reservations: **Hyatt Regency Indianapolis**
One South Capital Avenue
Indianapolis, Indiana 46204
317-632-1234

Signature of UAAO advisor _____

(Signature and recommendation of UAAO advisor is required.)