

**First Idaho Hispanic Healthcare Conference  
From Awareness to Action and Outcomes  
Scholarship Application  
July 8<sup>th</sup> & 9<sup>th</sup>, 2024**



\* Participant Name: \_\_\_\_\_  
Please print your name, as you would like it to appear on your name badge.

\* Title: \_\_\_\_\_

\* Department: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* Zip Code: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

