

**Virginia Association of
CardioVascular & Pulmonary Rehabilitation**



**Robin J. Cuffe Scholarship Award
Nomination Form**

Objective: To provide financial assistance to an eligible person with an interest in cardiac and/or pulmonary rehabilitation to be able to attend the annual State Meeting.

Requirements: Nominee must be a Virginia resident with an interest in cardiac and pulmonary rehabilitation to be considered for this award.

Winner receives: 2014 paid membership, registration to the 2014 conference, hotel stay for the two nights of the conference and \$50 spending money.

Name: _____ VACVPR Member __yes __no

Job Title: _____

Job Responsibilities: _____

Number of Years employed in Cardiac/Pulmonary Rehab: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Has this individual ever attended the state conference? Yes__ No__ Year ____

Why should this individual be chosen to be awarded this scholarship?

Where should this person be contacted if he or she is chosen for this award?

- Employer Address
- Home Address (please provide) _____

Name of Individual Completing this form: _____

Relationship to Nominee _____

Please provide your contact information: phone number _____

Email address _____

Please send to:

Mary Davis, Nominations Chair by January 16, 2015

MRD8S@virginia.edu