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| 2024 South Carolina HIV, STD, and Viral Hepatitis Conference  Student Conference Registration Scholarship Form | | |
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| Please complete this form to accompany the student conference registration scholarship application for the 2024 South Carolina HIV, STD, and Viral Hepatitis Conference. Students can only participate with this form being completed and signed. This recommendation is a requirement for the scholarship selection process. **The deadline for submission is Friday, September 6, 2024.**  Please submit this form to [**SCannualConference@gmail.com**](mailto:SCannualConference@gmail.com) | | |
| ***Student Name*:**  **PLEASE PRINT**  Student will attend Wednesday, October 23, 2024  Student will attend Thursday, October 24, 2024 | | |
| Dear South Carolina HIV, STD, & Viral Hepatitis Conference Student Scholarship Committee: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would personally recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the 2024 South Carolina HIV, STD, and Viral Hepatitis Conference to be held October 23-24, 2024, at Columbia Metropolitan Convention Center. | | |
| **Optional: Please add any additional comments you would like to share with the student scholarship committee.** | | |
| Complete the section below should the student scholarship committee have any additional questions. | | |
| Name: | Title: | Date: |
| Signature: | | Contact no.: |
| (PLEASE PRINT ORGANIZATION NAME) | | |
| Organization: | | |