

# N A M E

National Alliance for Medicaid in Education, Inc.

## 2017 Anysia Drumheller Memorial Scholarship Application

First Name Krissy Last Name Dougherty  
Address 281 28 Rd  
City Grand Junction State CO Zip 81503  
Phone (970)361-0005 Email Krissy.dougherty@d51schools.org  
Employer Mesa County Valley School District 51

### REQUIRED:

Copy of denial by my employer of all NAME Conference expenses is attached.

Have you ever attended a NAME conference?

Yes  No

Please describe why you would like to attend the NAME conference and why you feel your participation in the conference will assist you in your work (attach a separate sheet, if necessary).

I would like to attend this conference because I am fairly new to the School Medicaid program and feel the opportunity of networking with fellow SHS staff would help guide me and provide new ideas. I would feel my participation would assist my work by giving more information on ways to increase reimbursement & provide more needed services to our students with disabilities. The more information I can receive, the more prepared & capable I will be in my position.  
Thank you for your consideration.

**PLEASE EMAIL COMPLETED APPLICATION BY AUGUST 15, 2017 TO:**  
[NAMEscholarship@MedicaidForEducation.org](mailto:NAMEscholarship@MedicaidForEducation.org)