



HOPA

Hematology/Oncology Pharmacy Association

Letter of Support

Each year the HOPA Membership Committee is able to award a predetermined number travel grants to selected HOPA members through an application process. Travel grants are to be used to help offset the cost of meeting registration, travel and hotel costs. As part of the application process, each applicant must submit a letter of support from his/her respective Preceptor/Residency Director, Pharmacy Director, Dean of Pharmacy, or employer.

Please complete this letter of support on behalf of the HOPA member. The final signed document will be upload by the applicant to the application website.

I am completing this form on behalf of _____.
HOPA Member's Name

Current role with respect to the HOPA member:

- Preceptor
- Residency Director
- Pharmacy Director
- Dean of Pharmacy
- Employer

Please confirm your support for the applicant by checking the boxes below:

- I am in support of the named HOPA member attending the HOPA Annual Conference.
- I confirm that the HOPA member is in need of monetary assistance in order to attend the meeting because the applicant will receive
 - No funding from our institution to attend the meeting
 - Partial funding from our institution to attend the meeting

Please provide any additional comments you believe are relevant for the travel grant review committee to know about the applicant:

Please print your name, sign and date this Letter of Support

Printed Name

Signature

Date