



Pharmacists Optimizing Cancer Care®

## Letter of Support

Each year the HOPA Membership Committee is able to award a predetermined number of 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, applicants must submit a letter of support from their 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 should be uploaded by the applicant to the application website.

I am completing this form on behalf of \_\_\_\_\_

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 box below:**

☐ 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 reviewing committee to know about the applicant**

*Please Note: these comments are taken into consideration when scoring*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_