





Anita Lubov Memorial Fund  
Application  
Part One

***Please provide the following information:***

Name:  
Address:

Phone Number:  
Email:

Please attach a current C.V. including your current position. Please note you must be currently working as an oncology nurse in Minnesota to be eligible.

Total Amount of Funding you are requesting:  
(Please complete budget detail, Part Three)

Name of Conference:

Date of Conference:

Location of Conference:



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Application  
Part Three

***Budget Detail: Please list the amount of support you are requesting in each category.***

Transportation (mode, destination and approx. cost):

Conference registration fee:

Lodging: (# of nights and cost per night):

Per Diem (# of days and amount per day):

Total:

Are you requesting 100% of your expenses to be covered by MOCA's Anita Lubov Memorial Fund? If no, what percent are you requesting?

Is your employer able to pay part of your expenses?

If MOCA is able to only partially fund your request, will you still be able to attend the conference?

***Mail or fax 3 part application and current CV by application deadline to:  
Minnesota Ovarian Cancer Alliance, Attn: Anita Lubov Memorial Fund, 3751  
Alabama Ave. South, Suite 100, St. Louis Park, MN 55416 (952) 890-8775  
fax: (952) 926-1007***