

2021 ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

Return completed application no later than August 1, 2021

THE INFORMATION MUST BE COMPLETED NEATLY & ENTIRELY.

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Check One: Survivor Family Member

Have you received a scholarship in the past? Yes No

If you have received multiple scholarships, you may not be eligible to receive another scholarship

Do you currently receive SSI or SSDI? Yes No

Names of Additional Attendee traveling with the Applicant:

1. _____ Relationship to Applicant: _____

Do additional attendees, traveling with the applicant need funding also? Yes No

Expenses that may be covered under the scholarship:

-Conference registration for days you attend.

-Meals scheduled at the conference. Additional meals outside of the conference are not reimbursed.

-Qualified recipients may receive a stipend of up to \$100 to offset transportation expenses.

-Scholarship may include overnight hotel accommodations, depending on available funding. Anyone receiving hotel accommodations will need to provide a credit card to the hotel when you check in, for incidentals, such as room service, in-room movie orders, etc. If you have questions about this, contact Christine Schneider.

-Conference registration and meals for a personal assistant or aide or family member.

Check the days you plan to attend the conference:

Sunday, October 24, 2021 Monday, October 25, 2021 Tuesday, October 26, 2021

Check only if you need Overnight Hotel Accommodations:

Hotel: 1 night Sunday, October 24, 2021 OR Monday, October 25, 2021 OR

2 nights Sunday, October 24, 2021 and Monday, October 25, 2021

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Transportation Costs: Expenditures for transportation are reimbursed after the conference, based on receipts, unless other arrangements have been made with BIAPA. Recipients may receive a stipend of up to \$100 to offset transportation expenses. Applicants must live more than 50 miles away to qualify for travel stipend.

Traveling By: Car Bus Train Other Estimated Costs: \$ _____ (gas, tickets, tolls)

Special Accommodations (Accessible Overnight Room/Shower/Bathroom, Meal or Dietary, etc.):

Please explain why you need this scholarship (use additional page if needed):

Signature _____ **Date** _____