

APPLY FOR A SURVIVOR/CAREGIVER CONFERENCE SCHOLARSHIP

Return completed application no later than May 1, 2023

Need help? Contact Christine Schneider at schneider@biapa.org or call 717.940.0976

THE INFORMATION MUST BE COMPLETED NEATLY & ENTIRELY.

Name _____

Address _____

City _____ State _____ Zip _____

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

Name of Additional Attendee traveling with the Applicant:

1. _____ Relationship to Applicant: _____

Does the additional attendee traveling with the applicant need funding also? Yes No

Expenses Covered Under the Scholarship

-Conference registration for days you attend.

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

-Scholarship may include overnight hotel accommodations, depending on available funding. Anyone receiving hotel accommodations will need to provide a credit card to the hotel 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:

Tuesday, June 27, 2023 Wednesday, June 28, 2023

Check only if you need Overnight Hotel Accommodations:

Hotel: Monday, June 26, 2023 Tuesday, June 27, 2023

Wednesday, June 28, 2023

APPLY FOR A SURVIVOR/CAREGIVER CONFERENCE SCHOLARSHIP

Return completed application no later than May 1, 2023

Need help? Contact Christine Schneider at schneider@biapa.org or call 717.940.0976

Transportation Costs: Expenditures for transportation are not guaranteed. Applicants must live more than 50 miles away to request and be considered for a 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** _____

Complete and submit form by mail or electronically by May 1, 2023.

BIAPA
ATTN: Christine Schneider
947 Wayne Avenue, No. 110
Chambersburg, PA 17201