

Our Mission is to foster a community of education, advocacy, supports, and research to maximize the quality of life for those with brain injuries and their families



BRAIN INJURY ASSOCIATION OF PENNSYLVANIA

Brain Injury Resources
1-800-444-6443 (toll free)
www.biapa.org
950 Walnut Bottom Road
Suite 15-229
Carlisle, PA 17015
1-866-635-7097
Fax: 717-692-5567
info@biapa.org

March 13, 2017

Dear Scholarship Applicant,

Enclosed you will find the application you requested for a scholarship to attend the BIAPA annual conference. The Conference will be held on June 25 – 27, 2017 at the Lancaster Marriott in Lancaster, PA. Scholarships are available on a limited basis and priority is given to first-time applicants. Scholarship funds are made possible by the David Strauss Memorial Scholarship Fund and generous contributions from donors.

If you are interested in attending and need a scholarship to help with the costs, please complete the application and return it to Kara Latshaw by **APRIL 28**. You need to complete every question in order for your application to be considered.

You have 3 options for sending in your application:

1. You can send it by mail to: BIAPA Scholarship
950 Walnut Bottom Road, Suite 15-229
Carlisle, PA 17015

Note: Please allow extra time for delivery by April 28.

2. You can send it by email to: kara@kdmgt.com

3. You can send it by fax to: (717) 692-5567

All applications received by April 28 will be reviewed, and applicants will be notified about the decisions by May 22. Notifications are made by phone and email.

Applicants do not need to do anything else at this time. Everyone will be notified of the scholarship decisions. Those who receive scholarships will be automatically registered for the conference and hotel arrangements will be made as needed. Recipients are responsible for making their own travel arrangements.

If you have questions, please contact Kara at admin@biapa.org or 1-866-635-7097.

Thank you for your interest.
BIAPA Conference Committee

BIAPA, Inc. is a 501(c) (3) tax exempt organization incorporated in Pennsylvania

The official registration and financial information of the Brain Injury Association of Pennsylvania, Inc., may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



2017 Annual Conference Scholarship Application
Return completed application no later than April 28, 2017
THE INFORMATION MUST BE COMPLETED NEATLY & ENTIRELY
OR YOU MAY NOT BE CONSIDERED FOR A SCHOLARSHIP.

Name of Applicant _____

Address _____

City, State Zip Code _____

Telephone _____ Email _____

Check One: Survivor Family Member **Have you received a scholarship in the past?** YES NO

Do you currently receive SSI or SSDI? YES NO

Names of Additional Attendees traveling with the Applicant:

1. _____ Relationship to Applicant: _____

2. _____ Relationship to Applicant: _____

Do additional attendees, 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.
- Qualified recipients may receive a stipend of up to \$100 to offset transportation expenses.
- Scholarship may include overnight hotel accommodations depending on available funding.
- Conference registration and meals for a personal assistant or aide or family member.

Check the days you plan to attend the conference:

Sunday, 6/25/17 Monday, 6/26/17 Tuesday, 6/27/17

Check if you need Overnight Hotel Accommodations:

Hotel: 1 night Sunday, 6/25 **OR** Monday, 6/26 **OR 2 nights** Sunday, 6/25 & Monday, 6/26

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 _____