



35th Annual Conference
Uniting as the Voice of Brain Injury
June 15 & 16, 2017
Saratoga Springs, NY

Dear Applicant,

We are pleased that over the past 6 years, more than \$215,000 in scholarship support has been distributed to BIANYS members with brain injury and their families. We are proud of this record and remain committed to supporting participation of individuals with brain injuries and their families at each Annual Conference. The scholarship program is designed to spread limited resources as widely as possible. Please read the following application carefully.

Criteria for Annual Conference Scholarship

- You must be a current BIANYS member to apply. If you are not a member, please complete a membership form and send it with your scholarship application.
- **Applications must be received by April 14, 2017.**
- First time applicants will receive priority over applicants who have received scholarships in the past.
- Funding is LIMITED. **Apply only if you are experiencing severe financial need.**

Expenses Covered Under the Scholarship

- Annual Conference registration for both June 15 & 16.
- Meals already included with the conference package. Additional meals are not reimbursed.
- Qualified recipients may receive a stipend of up to \$100 to offset hotel or transportation expenses. Applicants must live more than 50 miles away to qualify for travel/hotel stipend.
- Conference registration and meals for a personal aide (if required).

Additional Information

- Please fax completed forms to 518-482-5285
or mail to: **BIANYS**
Attn: Director of Finance and Administration
4 Pine West Plaza, Suite 402 Albany, NY 12205
- No information will be given out by telephone regarding the outcome of scholarship decisions. Letters announcing scholarship approval or denial will be sent as soon as decisions are made.
- Travel and lodging are the responsibility of the conference attendees. Please note that the amount of the scholarship reimbursement available may not cover all of your conference expenses. Please contact: Saratoga Springs Holiday Inn 1-800-465-4329 to reserve your room directly. **Indicate that you are attending the Brain Injury Association Conference to receive a reduced room rate.*



Brain Injury Association of NYS

BIANYS Scholarship Application form. You MUST be a member to qualify.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Cell Phone : () _____

Email: _____

Are you a current BIANYS member? yes No

If no, please renew your membership before submitting this form

Have you sustained a brain injury? yes No

Has a family member or significant other sustained a brain injury? yes No

Will you need to bring an aide to the conference? yes No

If yes, will the aide require a scholarship for his/her meals? yes No

Name of aide (REQUIRED): _____

Do you need a stipend of up to \$100 toward travel and lodging costs? yes No

Do you live more than 50 miles from Albany? yes No

**Only applicants living outside of a 50-mile radius will be considered for the stipend*

Has a family member or significant other sustained a brain injury? yes No

Are you a member of a BIANYS chapter or support group? yes No

Name of Chapter/support group: _____

Have you previously been awarded a scholarship? yes No

Are you a veteran? yes No