



36th '*One Voice for Brain Injury*'  
Annual Conference  
June 13 & 14, 2018  
Saratoga Springs, NY

Dear Applicant,

We are pleased that over the past 7 years, more than \$233,000 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 20, 2018.**
- 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 13 & 14, 2018.
- 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 (hotel code is IJ3).*



4 Pine West Plaza, Suite 402 | Albany, NY 12205-5580  
 Phone: (518) 459-7911 | Fax: (518) 482-5285  
 Family HelpLine 1-800-444-6443  
 Website: www.bianys.org | Email: info@bianys.org

**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*

**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

**Submit application by April 14 by mail to BIANYS at 4 Pine West Plaza, Suite 402, Albany, NY 12205,  
 fax to (518) 482-5285 or email to info@bianys.org**