



## **Annual Conference Scholarship Program Application**

**June 5-6, 2019**

**Holiday Inn Saratoga Springs**

### **Criteria for Annual Conference Scholarship**

- **Applications must be received by May 10, 2019.**
- 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.
- First time applicants will receive priority over applicants who have received scholarships in the past.
- Funding is limited - please apply only if you are experiencing severe financial need.

### **Expenses Covered by the Scholarship Program**

- Annual Conference registration for both June 5 & 6, 2019.
- Meals are already included with the conference package. Additional meals are not reimbursed.
- Conference registration and meals for a personal aide (if required).
- Qualified recipients may receive a stipend of up to \$100 to offset hotel or transportation expenses. Applicants must live more than 50 miles away from the conference location to qualify for travel/hotel stipend.

### **Additional Information**

Please fax completed forms to 518-482-5285

OR email to [dchilandese@bianys.org](mailto:dchilandese@bianys.org)

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. Tell them that you are attending the Brain Injury Association Conference to receive a reduced room rate (hotel code is IJ4).

**Please fill out the form on the following page to apply for a Scholarship.**



## Annual Conference Scholarship Program Application

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 Saratoga Springs?**  Yes  No

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

**Have you previously been awarded a scholarship?**  Yes  No

**Please choose your dinner option for June 5:**

Mushroom Ravioli  Turkey & Stuffing  Broiled Scrod with Lemon

**Please choose your box lunch option for June 6:**

Roast Beef  Ham & Cheese  Turkey  Tuna  Vegetarian

**Submit this application by May 10, 2019, by mail to BIANYS at 4 Pine West Plaza, Suite 402, Albany, NY 12205, OR fax to (518) 482-5285 OR email to [dchilandese@bianys.org](mailto:dchilandese@bianys.org).**