



Annual Conference Scholarship Program Application

June 10-11, 2020
Holiday Inn Saratoga Springs

Criteria for Annual Conference Scholarship

- **Applications must be received by April 30, 2020.**
- You must be a current BIANYS member to apply. If you are not a member, please purchase a membership. If you need assistance paying membership fees, contact us at 518-459-7911.
- 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 10 & 11, 2020.
- 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.

Email completed forms to Michelle Kellen at mkellen@bianys.org or mail to:

Brain Injury Association of New York State
4 Pine West Plaza, Suite 402 Albany, NY 12205
Attn: Michelle Kellen

- No information will be given out by telephone regarding the outcome of scholarship decisions. **Letters announcing scholarship approval or denial will be sent in early May 2020.**
- 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 at 1-800-465-4329 to reserve your room directly. Tell them that you are attending the Brain Injury Association of New York State Annual Conference to receive a reduced room rate (hotel code is IJ5).

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



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You **MUST** be a member to qualify for a scholarship.

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 or purchase 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? ☐ 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 box lunch option for June 11:

☐ Roast Beef ☐ Ham & Cheese ☐ Turkey ☐ Tuna ☐ Vegetarian

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