



Annual Conference Scholarship Program Application

Criteria for Annual Conference Scholarship

- **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.**

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. Scholarship applications are being accepted on a rolling basis. Once a complete application is received, a decision will be made within 7 business days.

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

Have you previously been awarded a scholarship? Yes No

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