



2024 ANNUAL CONFERENCE

SCHOLARSHIP PROGRAM

2024 Annual Conference Scholarship Application

Scholarship information

Please list the information of the person who sustained the brain injury. If a family member, caregiver, or aide is traveling with that person list them in the aide/family member/caregiver section.

1. What is your first name?

2. What is your last name?

3. Provide your contact information

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

4. Are you a current member with the Brain Injury Association of New York State?

- Yes
- No
- I am not sure

5. What days will you attend?

- I plan on attending the whole conference (Wed-Friday)
- Wednesday
- Thursday
- Friday

6. Please check if you have any dietary restrictions.

- Gluten Free
- Kosher meals
- Vegetarian meals
- Lactose intolerant
- Peanut allergy
- I do not have any dietary restrictions
- Other or provide specific information regarding any dietary restrictions.

7. What type of box lunch would you like on Friday?

- Turkey
- Vegetarian
- Roast Beef
- Ham
- Tuna

8. Will you require a hotel room

- I need a hotel on Wednesday and Thursday nights
- I need a hotel room for just Wednesday night
- I need a hotel room for just Thursday night
- I don't need a hotel room

9. What size bed do you need for your hotel room?

- King
- Two Queens
- NA, I don't need a hotel room

10. Please add any information about the hotel here. Example- If you plan on rooming with another scholarship recipient. Or if you need a handicapped accessible room.

11. Will a healthcare aide, caregiver or family member attend the conference with you? If you check yes please fill questions 12-17)

- Yes
- No

12. First name of the Health Care Aide/Caregiver/Family Member

13. Last name of the Health Care Aide/Caregiver/Family Member

14. What is the phone number of the Health Care Aide/Caregiver/Family Member?

15. What is the email address of the Health Care Aide/Caregiver/Family Member

16. Please check if your Health Care Aide/Caregiver/Family Member has any dietary restrictions.

- Gluten Free
- Kosher meals
- Vegetarian meals
- Lactose intolerant
- Peanut allergy
- I do not have any dietary restrictions
- Other (please specify)

17. What type of box lunch would your Health Care Aide/Caregiver/Family Member like on Friday?

- Turkey
- Vegetarian
- Roast Beef
- Ham
- Tuna
- NA- we won't need lunch on Friday