

NARSOL CONFERENCE SCHOLARSHIP APPLICATION

Fields marked with an * are required

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Are you a NARSOL Member? *

- Yes
- No

The maximum scholarship award is \$300 (including registration and eligibility.) It is restricted to NARSOL members attending the full conference, who are receiving benefits from a *means-tested* federal/state income support program. **Please check whichever of the following programs you are receiving.**

- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI) - (this is not the same as Social Security benefits)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Other benefit (Describe below) _____

Is any other organization providing assistance for you to attend this conference? If so, please identify the organization and the amount of assistance being provided. *

What is your primary interest in attending the NARSOL conference? (200 words or less)

Requested Assistance *

- I am applying for waiver of registration only. (If you're not staying at the conference hotel, this is your only option.)
- I am applying for the maximum \$300 scholarship that includes the registration fee waiver.

Agreement *

- I agree I will be responsible for securing and paying my own costs associated with travel, lodging, and food.
- I agree that approval of this application in no way obligates NARSOL to pay any additional costs associated with attending the conference either in advance or during the conference.
- I understand that my registration fee will be waived, and (if selected) the balance of my scholarship will be reimbursed by check at the end of the conference on Sunday, June 10, or a check mailed within 5-10 business days after the conference.
- I agree that the statements made on this application are true and that I will provide NARSOL verification of my eligibility if requested.

Name

Date