

NARSOL CONFERENCE SCHOLARSHIP APPLICATION

Complete and print this pdf application and mail to: NARSOL, P.O. Box 36123, Albuquerque, NM 87176. Forms sent by mail will be considered received based on the post marked date on the envelope.

Note: *Scholarship assistance will be awarded based solely on availability of funding, our eligibility criteria, and at minimum, a membership in good standing of at least one year with NARSOL. All applications must be received no later than October 1st of 2021.*

Scholarship Application Instructions

Step 1: Complete all personal information requested.

Step 2: Scholarship assistance is available only to members of NARSOL. If you are not a member, you may join now by signing up at <https://secure.narsol.org/join-narsol/>. Membership levels begin at \$20.00 per year.

Step 3: The information about your assistance will determine your eligibility, so complete this with all due diligence. If you participate in any *means-tested* federal or state assistance, you are eligible for a scholarship. Please note that Supplemental Security Income (SSI) is a *means-tested* program and is not the same as regular Social Security benefits such as retirement, survivors, or disability benefits. If you receive a means-tested benefit not listed, describe it in the box titled "other benefit."

Step 4: Please tell us if any other organization such as a NARSOL affiliate is providing you with financial assistance for this conference.

Step 5: Write a brief statement of your interest and/or any advocacy work you are doing.

Step 6: Check the box indicating if you are applying for a full scholarship, or only a waiver of registration fees.

Step 7: Check the boxes noting that you agree to the conditions of the scholarship.

Step 8: By clicking "Submit," you have electronically signed and dated the form.

Fields marked with an * are required

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Are you a NARSOL Member? *

Yes

No

All scholarships include registration plus a cash payment of up to \$300 which is intended to cover expenses such as hotel, travel, and food. Scholarships are restricted to NARSOL members attending the full conference, who are receiving benefits from a *means-tested* federal/state income support program. **Pick the means-tested program you are using to verify need.**

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 which is in addition to 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, October 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