

# NARSOL CONFERENCE SCHOLARSHIP APPLICATION

## Scholarship Application Instructions

Note: *Scholarship assistance will be awarded based on solely on availability of funding, our eligibility criteria, and membership in good standing of NARSOL. All applications must be received no later than June 8, 2022.*

Step 1: Complete all personal information requested.

Step 2: Scholarship assistance is available only to current members of NARSOL.

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: Sign and date electronically.

Step 9: Save to your downloads folder, then attach and email to [meetings@narsol.org](mailto:meetings@narsol.org).

--OR--

Print the form 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.

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

NARSOL Member?  Yes  No

### Eligibility Criteria

Scholarship assistance is restricted to those individuals receiving benefits from a federal/state income support program that is means-tested. Please check whichever of the following programs you are receiving.

Temporary Assistance to Needy Families (TANF)

Medicaid

Supplemental Security Income (SSI)

Other Assistance

Supplemental Nutrition Assistance Program (SNAP)

**Requested Assistance**

- I am applying for waiver of registration only.
- I am applying for the maximum \$300 scholarship that includes the registration fee waiver.

**What is your primary interest in attending the NARSOL conference?**

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**Agreement**

- I agree that 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_