Council Scholarship Fund: Individual/Family Member Application

|  |  |
| --- | --- |
| Date of Application: |  |
| Name: |  |
| Address: |  |
| City, State, Zip code: |  |
| Phone: |  |
| Email Address: |  |

*This section is required for Federal Reporting to the Administration on Intellectual and Developmental Disabilities:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Race/Ethnicity** | **Check One** |  | **I am a …** | **Check One** |
| White, alone |  | Individual with disability |  |
| Black or African American alone |  | Family Member |  |
| American Indian and Alaska Native alone |  | **I identify as …** |  |
| Hispanic/Latino |  | Male |  |
| Asian alone |  | Female |  |
| Native Hawaiian & Other Pacific Islander |  | Other |  |
| Two or more races |  | Prefer not to answer |  |
| Race unknown |  | **Geographic Area** |  |
|  |  |  | Urban |  |
|  |  |  | Rural |  |

|  |  |  |
| --- | --- | --- |
| Individual & Family Scholarship | **Yes** | **No** |
| Are you applying as a person with a disability? |  |  |
| Are you applying as a parent, sibling, family member, or guardian of a person with a disability? |  |  |
| Are you an organization applying on behalf of a person(s) with a disability? |  |  |
| Is this is a family application, meaning two or more family members will be attending?  If yes, how many people from the family will attend the conference?  **Number - \_\_\_\_\_\_** |  |  |

## Event/Conference Information:

|  |  |
| --- | --- |
| Name of Event/Conference |  |
| Dates of Event/Conference |  |
| Location of Event/Conference |  |
| Dates of Travel |  |
| Please describe how this experience would help you or your family. |  |

## Eligibility Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Have you attended this conference before? | | Yes | No |
| Have you used the Scholarship Fund before? | If yes, what year: **\_\_\_\_\_\_\_\_\_** | Yes | No |
| Are you an employee of an agency that works or advocates in the disability field? | | Yes | No |

## Financial Assistance Being Requested

*Please remember all assistance is reimbursement.*

|  |  |  |  |
| --- | --- | --- | --- |
| Registration(s) | $ | Child Care | $ |
| Attendant | $ | Respite Care | $ |
| Hotel/Lodging | $ | Meals | $ |
| Transportation | $ | Other | $ |
| **Any additional notes?** | | | |
| **TOTAL AMOUNT of REIMBURSEMENT to be REQUESTED from SCHOLARSHIP FUND: $ \_\_\_\_\_\_\_\_\_\_** | | | |
| Mail, fax or email this application for review by Council staff at least 30 days before the event.  Mail to: Tennessee Council on Developmental Disabilities; Davy Crockett Tower, 1st Floor; 500 James Robertson Parkway; Nashville, TN. 37243-0228.  Fax to: 615-532-6964 **OR** Email to: [alicia.cone@tn.gov](mailto:alicia.cone@tn.gov)  For questions, call: (615) 532-6615 (Voice) | | | |