

SCHOLARSHIP APPLICATION

Please complete this form and return it by **March 22, 2010**. **Your conference registration form must also be attached.** A limited number of scholarships are available. Scholarship grants cover conference registration fees. Room, board & mileage will remain your responsibility.

Name _____

Agency / Company _____

Address _____

City/State/Zip _____ County _____

Daytime Phone _____ Evening _____ FAX _____

E-mail Address: _____

Check One: I am ...

- Current Family Care Partner for Person with Dementia
Relationship to the person for whom you care _____
- Person with Memory Loss
- Professional Caregiver – Job Title _____
Place of Employment _____
- Student - Name of School _____
Discipline of Study _____
- Alzheimer's Association Support Group Facilitator/Co-Facilitator
- Other Alzheimer's Association volunteer _____

Scholarship Needs: Full & Partial Scholarships Available (choose one)

100% (or) **50%**

- Entire Conference – Sunday afternoon program plus Sunday evening thru Tuesday (\$180 = 100%; \$40 = 50% scholarship)
- Entire Conference – Sunday evening thru Tuesday (\$140 = 100%; \$70 = 50% scholarship)
- Sunday Afternoon Pre-Conference Intensive Only (\$40 = 100%; \$20 = 50%)
- Sunday Afternoon & Evening Program (\$60 = 100%; \$30 = 50%)
- Monday & Tuesday only (\$140 = 100%; \$70 = 50% scholarship)
- Monday only (\$95 = 100%; \$47.50 = 50% scholarship)
- Tuesday only (\$95 = 100%; \$47.50 = 50% scholarship)

If requesting a 50% scholarship, be sure to attach a check for the remaining 50% to your conference registration form. (If your scholarship is denied, your check will be returned.)

TOTAL SCHOLARSHIP REQUEST: \$ _____

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1. Please explain how this conference would benefit you and your ability to help others:

2. Please use this space to add any other information that would help us to determine your eligibility for a scholarship. *(If you are not awarded a scholarship, will you be able to attend the conference?)*

Return this form, with your completed conference registration form, by **MARCH 22, 2010** to:

Alzheimer's Association Chapter Network State Conference

Julie St. Pierre, Scholarship Committee Chair

Alzheimer's Association

203 Schiek Plaza

Rhineland, WI 54501

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