



Empowered Traveler Scholarship 2019

APPLICATION

Before filling out the application, please read the "Empowered Traveler" Scholarship information page.

1. Name of Person attending the meeting: _____
2. Are you: An adult with spina bifida (or other disability)
 A parent/caregiver of a child with spina bifida (or other disability)
3. Name and age of your child: Name: _____ Age: _____

Contact Information:

4. Email: _____
5. Home address: _____
City: _____ State: _____ Zip: _____
6. Phone (*at least one*): Home: _____ Cell: _____
7. Preference for notification (*Check one*): Mail Email

Conference/Meeting Information:

8. Name of Meeting: _____
9. Type of Meeting: Conference Workshop Seminar Training
Other: _____
10. Location: _____
11. Event Date: _____
12. Travel Dates: _____

13. ***Include either a website link to the conference info, or a brochure or other written materials that describe the conference, location, registration costs and agenda.***

Website Address: _____

I have attached a copy of the conference materials.

14. Have you attended this event before? Yes No If so, when? _____

15. How will you share what you learn at the conference?

Choose one or more:

Speak to a group about what you have learned (either in person or teleconference)

Write an article for the SBRN newsletter, the *Empowerment Zone*

Write a testimonial about how the funds helped you achieve your goals that SBRN may use in publications and fundraising materials.

Other:

Essay questions:

On a separate sheet of paper, please provide brief answers to the 3 questions listed below. Answers should be no longer than one or two paragraphs (or 250 words).

E1. Please tell us why you want to attend the conference. How will it benefit you?
What do you hope to learn/achieve by attending?

E2. How is it related to your disability?

E3. Why is it needed financially?

By signing below, I certify that to the best of my knowledge, the information I provided in this application is accurate. I will notify SBRN if my travel plans change or if I am not able to attend the conference. I understand that my application is subject to a review process and available funding, that funding assistance will be in the form of reimbursement for expenditures for attending the event and that funding will not cover all costs.

Signature: _____ Date: _____

By signing below, I give SBRN permission to use my name, photograph, testimonial and/or general information about my attendance at the event for reproduction in any medium for purpose of public education, advertising, trade, exhibition or editorial use for an unlimited period of time.

Signature: _____ Date: _____

Budget Information

Please indicate the expected costs of the event and the amount of funding requested. You will be asked to submit receipts or proof of purchase following attendance at the event.

<u>EXPENSE CATEGORIES AND CALCULATIONS</u>	<u>EXPENSES (\$)</u>
Registration Fee	\$
Transportation: Driving: # of miles round trip _____ x \$.25 = Airfare _____ Train _____ Bus _____ Other _____	\$
Hotel/Lodging: Cost of room _____ x _____ nights	\$
TOTAL COSTS:	\$
AMOUNT OF FUNDING REQUESTED: Maximum: \$250 in NJ; \$500 out of state	\$

Please submit application and funding request to:

Spina Bifida Resource Network
 84 Park Avenue, Suite G-106
 Flemington, NJ 08822

For information, call SBRN at (908) 782-7475 or info@thesbrn.org.