



**Scholarship Application
Conference/Workshop Related Travel Expenses**

NAME of Person with DS: _____ DOB: _____

APPLICANT NAME: _____ Relationship to above: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Name of Conference/Workshop: _____

Dates Attended: _____

Location/Address: _____

REGISTRATION FEE	\$	OFFICE USE ONLY Approved _____ _____ Chk # \$ _____ Amount Denied _____ _____ (REASON FOR DENIAL)
LODGING	\$	
GAS	\$	
MEALS	\$	
TOTAL EXPENSES	\$	

By signing this form you are agreeing to the following:

1. I understand this scholarship is based on availability of funds budgeted specifically for **reimbursement** of travel expenses to attend a conference or workshop that directly relates to and/or involves or impacts my child with Down syndrome.
2. I understand that I am not guaranteed a scholarship and that this application must be reviewed and approved by the Board of Directors. Furthermore, I understand that if this scholarship is granted, it may not cover the full expenses incurred during travel to the conference.
3. I will provide all receipts of charges/payments for this travel to Manasota BUDS along with this application request.
4. I will comply with any requests to provide additional proof of attendance to Manasota BUDS. (i.e. agendas, worksheets, schedules, registration confirmations, etc.)

Signature of Applicant

Date