

2025 BIF ANNUAL CONFERENCE SCHOLARSHIP APPLICATION FORM

Return Completed Application by May 1, 2025

PLEASE COMPLETE ONE FORM PER APPLICANT

Name	
Addre	ss
City _	State Zip Code
Email	Phone
Check	one: Are you a Survivor \square Are you a Family Member of a Survivor \square
Expen	ses that may be requested for partial funding:
(Chec	k box if you are requesting)
•	☐ Conference registration (includes meals scheduled at Conference) - \$75 ☐ Transportation expense to get to Conference — up to \$50 travel expense will be reimbursed after the conference — must supply receipts for gas, bus, train, airfare) <i>Note: you must live more than 50 miles away from Conference venue to request this funding.</i> ☐ Hotel expense — up to \$175 will be reimbursed after the Conference — must supply receipt for hotel stay either the night before the Conference (May 21) or the night of the 1 st Conference Day (May 22) <i>Note: you must live more than 50 miles away from Conference venue to request this funding.</i>
	I Scholarship Funding is being made available to those survivors and es who have limited income and are unable to pay the Conference
	ration Fee or expenses to travel to/stay at the Conference location.
Please	e explain why you need this Partial Conference Scholarship



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How might you benefit from attending the Conference?	
Would you be willing to be interviewed about your experience of attending the Conference? \Box Yes \Box No	
Would you be interested in serving on a BIF Committee? Please check which Committee you are interested in serving on:	
☐ Social Media/Website	
☐ Support Groups	
☐ Information and Referral	
☐ Fundraising	
☐ Advocacy	
☐ Conference	
Signature Date	
Download this form from our website and complete one form per applicant	
https://www.braininjuryfl.org/event/brain-injury-florida-annual-	
<u>conference-scholarship/</u>	
Print, complete, scan, and email to info@braininjuryfl.org by May 1,	



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You will be notified if a Partial Scholarship is Awarded by May 15, 2025