



**University of Cincinnati Systems Development & Improvement Center
Ohio Center for Deafblind Education
SCHOLARSHIP REQUEST FORM**

Name: _____	Date: _____
Address: _____	City: _____ Zip: _____
Phone Number: _____	Email Address: _____

What is the name of the conference you plan to attend? _____

Where is the conference you plan to attend? _____

Please select the requested scholarship amount to assist your conference attendance:

\$100 _____ \$250 _____ \$500 _____ Other: _____

The estimated costs of travel to this conference are:

\$_____ Registration Fee

\$_____ Hotel Accommodations

\$_____ Travel Costs (Gas/Mileage, Airfare, Shuttle Transportation, Car Rental)

\$_____ Food

\$_____ Other: _____

\$_____ Total

This scholarship will help me attend the conference by paying for the cost of:

Please initial each statement to acknowledge your understanding and agreement:

_____ I understand that the parent scholarship funds will be provided to me in the form of a reimbursement after I attend the conference/training.

_____ I understand in order to receive the scholarship funds; I must complete an IRS W9 form and University of Dayton expense report form and return it to OCDBE within 2 weeks of travel, along with any applicable receipts.

_____ I understand it will take approximately 6-8 weeks to receive my scholarship funds.

_____ By accepting these funds, I agree to write a summary of my conference/training experience to be shared in newsletters or at Advisory Board meetings.

_____ I understand that I may receive a scholarship once per grant year; this does not include any scholarship awarded to my child.

<i>For staff use only:</i>	<i>Staff Initials</i>
Scholarship Request is approved in the amount of \$_____ on ___/___/___.	_____
Scholarship Request is denied for the following reason:	_____

