



## 2019 Annual IBICA Conference Scholarship Application

Conference Dates: Monday, September 23-Tuesday September 24, 2019 Virginia Beach, Virginia, USA

**Return completed application to Lisa McCarthy at [lmccarthy@braininjurysvcs.org](mailto:lmccarthy@braininjurysvcs.org) no later than June 30, 2019.**

Date of Application: \_\_\_\_\_

### IBICA Conference Scholarship Description

In keeping with our mission and our commitment to the Clubhouse philosophy, the International Brain Injury Clubhouse Alliance (IBICA) strives to make our annual conference financially accessible to Clubhouse members and families. Scholarship funding is made possible through contributions by member Clubhouses, individuals, and private foundations.

#### All IBICA Conference scholarships include:

- **Conference Registration:** Registration fees are covered for the recipient as well as for a personal assistant, aide or family member as necessary.
- **Mid-Conference Meals:** Includes meals scheduled during the conference day for recipient as well as a personal assistant, aide or family member as necessary. *Additional meals outside of the scheduled conference day are not covered/reimbursed.*

#### Applicants may also request:

- **Transportation Stipend:** Recipients may request a stipend to offset transportation expenses. Applicants must live more than 50 miles away to qualify for travel stipend. Expenditures for transportation are reimbursed after the conference, based on receipts unless other arrangements have been made with IBICA.
- **Hotel Accommodations:** Recipients may request funding to offset the cost of hotel accommodations.

\*Requests for transportation stipend and the cost of hotel accommodation are granted based on the availability of funds. In the event that funding is not available to support the full request made, partial awards may be granted.

### Applicant Information

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

I am a (check one):

Individual with a Brain Injury  Family Member

Did you receive a scholarship to the IBICA Conference last year? YES NO

I am associated with:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADAPT Clubhouse     | <input type="checkbox"/> Denbigh House          | <input type="checkbox"/> MossRehab PA Clubhouse        |
| <input type="checkbox"/> Beacon House        | <input type="checkbox"/> Empower House          | <input type="checkbox"/> Opportunity Project Clubhouse |
| <input type="checkbox"/> Beechwood Clubhouse | <input type="checkbox"/> Gateway House          | <input type="checkbox"/> Side by Side Clubhouse        |
| <input type="checkbox"/> BIND Clubhouse      | <input type="checkbox"/> Midwest Clubhouse      | <input type="checkbox"/> Synapse Clubhouse             |
| <input type="checkbox"/> BridgeLine Place    | <input type="checkbox"/> Mill House             |  |
| <input type="checkbox"/> Brooks Clubhouse    | <input type="checkbox"/> MossRehab NJ Clubhouse |  |

Will you be traveling with an companion or attendant? YES NO

*If yes, please complete the companion information. If no, please proceed to the expense request.*

**Companion Information** *(If applicable)*

Companion: \_\_\_\_\_  
*First Name* *Last Name* *Relationship to Applicant*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Travel Expense Request**

**Hotel Accommodation Request**

I would like to request overnight accommodations for:

	Applicant	Companion
Sunday, September 22nd	<input type="checkbox"/>	<input type="checkbox"/>
Monday, September 23rd	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, September 24th	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*# of Rooms Requested*

**Transportation Stipend Request**

Estimated Travel Expense	For Applicant	For Companion
Car (gas, toll, etc)	_____	_____
Airfare:	_____	_____
Train/ Bus Ticket:	_____	_____
		= \$ _____
		<i>Total Transportation Request</i>

I am willing to share a room with another conference participant: YES NO

Please describe any special accommodations needed:  
*((Accessible Overnight Room/Shower/Bathroom, Meal or Dietary, etc))*

## Statement of Need and Signature

Do you currently receive a disability pension (SSI/SSDI/ODSP)?      YES      NO  
     

Please explain why you need this scholarship:

*(Use additional page if necessary)*

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Assisting  
with Application: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(if applicable)*