



## Ohio SIBS 2021 Conference Scholarship Application

*Conference scholarships may be available through your local County Board of Developmental Disabilities or through various funding sources. If funding assistance is available to you, please fill out the following form and submit it to Ohio SIBS to be processed.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Describe your relationship to someone with a disability (i.e. sibling, parent, etc.):** \_\_\_\_\_

**County where your family member lives (identify if it is out of state):** \_\_\_\_\_

**Have you previously attended the Ohio SIBS Conference?** \_\_\_\_\_ **How many times?** \_\_\_\_\_

**1. I have requested financial support from the following:**

Organization	Yes	No	Amount received
_____ County Board of DD			

**2. Based on the info above, I am requesting a:**

- a. A full scholarship (waiver of full fee of \$80) \_\_\_\_\_
- b. A half scholarship (waiver of half of the \$80 fee = \$40) \_\_\_\_\_

**3. Explain why you would like to attend the Ohio SIBS Conference:**

**4. How do you plan to share info about the conference with others after you attend?**