

# 2012 Washington State TBI Conference Scholarship Request Form

Marriot Hotel, Seattle Airport  
Thursday, May 3 and Friday, May 4, 2012



**Who am I now?**  
Celebrating the journey to the new me

## How scholarship requests will be processed:

A limited number of scholarships will be available to individuals with TBI or unpaid caregivers of individuals with TBI. All scholarship applications will be reviewed by **March 1, 2012 at 5pm**. One hundred (100) scholarships will be awarded and assigned based on available slots. If more than 100 applications are received, priority will be given to those who have not received a scholarship in the past. Decisions to provide scholarships are at the discretion of the TBI Conference Planning Committee. Scholarship includes registration to the conference. One night's hotel room may be included as necessary for scholarship recipients who live more than 50 miles away. Two nights' hotel room may be included as necessary for recipients who live beyond 100 miles away. If you need a hotel room, please mark below in order for the request to be considered as part of the scholarship. Travel arrangements will be the responsibility of each participant. There will be no mileage reimbursement.

**Scholarship requests received after March 1, 2012 may not be processed.** All applicants will be notified of the status of their request via email, mail, or phone call by March 16, 2012.

### ATTENDANT'S FIRST AND LAST NAME

**CHECK ONLY ONE:**  Individual with TBI  Unpaid Caregiver of Individual with TBI

If you plan to attend with another individual, please write the name of the other person next to your name on the line above. If both are requesting scholarships, you will each need to complete an application.

### ADDRESS

### CITY

### STATE

### ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### PHONE

### EMAIL

<input type="text"/>	<input type="text"/>
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**CHECK** what types of scholarship assistance you are requesting:  Registration  Hotel Room

### CHECK meal preference:

Regular  Vegetarian  Special Diet (due to medical concern)

If you have a medically necessary dietary restriction, please indicate in the ADA section below and specify the foods you are able to eat.

**PLEASE** indicate if you need an ADA accessible room:  Yes  No

*A continental breakfast and lunch are provided each day of the conference.*

*Scholarship recipients are responsible for their own dinner.*

**Please mail, email or fax completed forms no later than March 1, 2012 to:**

**WSU - Conference Management, Attn: Emily Houg, PO Box 11243, Tacoma, WA 98411**

**Email: [ehoug@wsu.edu](mailto:ehoug@wsu.edu) OR Fax: 360-438-8633**

**For questions, please call Emily Houg at (253) 212-2197**

Real-time Captioning will be provided at each keynote presentation. If you need additional ADA accommodation or an ADA accessible hotel room, please describe that request below. ADA accommodation requests must be received by April 9, 2012. Later requests cannot be guaranteed.

**Do you need any ADA Accommodations?**  Yes  No

If yes, please explain: \_\_\_\_\_  
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