**SCHOLARSHIP DEADLINE EXTENDED TO AUGUST 31!**

Dear NYS Aging Services Conference scholarship applicant,

The New York State Aging Services Conference Committee will be awarding up to $1,750 in scholarships for the 2018 conference in Buffalo, NY. These scholarships are available for first-time attendees only – scholarships can be used for participants who are attending for just one day.

This scholarship will cover the conference fees and up to two night’s hotel. Scholarship recipients will be responsible for all travel, meals and other expenses associated with attending the conference.

**Application Procedure**

1. Complete the application below by typing or printing neatly. PLEASE MAKE SURE YOU SUBMIT AN ESSAY AS DESCRIBED BELOW.

2. Mail, fax, or email the completed application to the address listed below. The application must be **received** by August 31.

3. All applications received by August 31 will be reviewed by the Conference Committee. Applicants will be notified in early September.

4. Applicant who has been awarded a scholarship needs to accept the scholarship by September 14 **AND** must register for the conference by September 14. If these deadlines are not met the scholarship will be forfeited.

**Return application by August 31, 2018**

***Mail: Meals on Wheels of the Jamestown Area***

***ATTN: Barrie Yochim***

***P.O. Box 56 - Jamestown, NY 14702-0056***

OR

***Fax* with** Cover Page: (716) 484-7411

OR

***Email:*** meals@netsync.net (Put Scholarship Application in the subject line).

Have you ever attended a NYS Aging Services Conference? 􀀀 Yes 􀀀 No

**NYS Senior Nutrition Conference Scholarship Application**

October 25-26, 2018 – Buffalo, NY

**DEADLINE:** NYS Aging Services Conference Committee must **receive** this application by June 30, 2018.

**Applicant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate if you are a member of: \_\_\_\_\_ ASDNYS \_\_\_\_\_ NYSANASP \_\_\_\_\_ MOWA/NYS

**Will budget constraints prevent you from attending the 2018 conference?**  \_\_\_Yes \_\_\_No

**If you were to receive up to a $350 scholarship, would your organization fund the remaining expenses (travel, meal expenses, etc.) to allow you to attend the 2018 conference?**  \_\_\_Yes \_\_\_No

**Explain why you believe you should receive a scholarship: Please attach a separate sheet with no more than a 500 word essay.**

**Affirmation**: By signing below and submitting this application, I affirm that should I receive a scholarship, I have the funds available to pay for travel, and other expenses related to attending the annual Aging Services Conference in Buffalo, NY, October 25-26, 2018, and would attend the 2018 conference.

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Signature of Applicant Date