



Scholarship Application Form

683; Go gtrcf.'Ug0G ♦ Boise, ID 83708 ♦
 PH-342-5884 ♦ Fax-342-1408 ♦ 1-800-242-IPUL

Staff
 Submitted _____
 Approved for \$ _____
 Paid: Date _____
 By _____

1. Applicant Name:		Date:
Address:		
Phone No:		
2. Title of Conference/Workshop/Activity:		
Dates of Conference/Workshop/Activity:		
Location of Conference/Workshop/Activity:		
Sponsoring Organization:		
3. Please Check One of the Following:		
<input type="checkbox"/> Family Member Providing Primary Care		<input type="checkbox"/> Parent of a Child with Disability
4. Age of Child with Disability:		Type of Disability:
5. Expenses:	Transportation Cost	\$
	Estimated Meals/Hotel Cost Totals	\$
	Registration	\$
	Parking	\$
	Taxi	\$
	Respite	\$
	Other	\$
	TOTAL AMOUNT REQUESTED	\$
6. Have you received a scholarship from IPUL in the past? Date received and amount?		
7. What do you hope to learn from this Conference/Workshop/Activity?		
8. How will you share or use the information with parents and/or persons in your community, school, district, and/or state?		
9. What do you personally hope to gain from attending this Conference/Workshop/Activity?		

❖PLEASE ATTACH A COPY OF THE CONFERENCE/WORKSHOP/ACTIVITY AGENDA
 AND ACTIVITY REGISTRATION 30 DAYS PRIOR TO THE ACTIVITY❖