# Parent Scholarship Report Form

1. **Applicant Name:**
   - Address:
   - Phone No:

2. **Title of Conference/Workshop/Activity:**
   - Dates of Conference/Workshop/Activity:
   - Location of Conference/Workshop/Activity:
   - Name of Org. Sponsoring:

3. **Please Check One of the Following:**
   - Family Member Providing Primary Care
   - Parent of a Child with Disability

4. **Age of Child with Disability:**
   - Type of Disability

5. **Total Amount Received from IPUL**
   - Transportation Cost
   - Estimated Meals/Hotel Cost Totals
   - Misc. Expenses (List amount for items below)

6. **What was the purpose of the Conference/Workshop/Activity you attended?**
7. What did you learn from this Conference/Workshop/Activity?


8. Please list the names/titles of parents and/or educators, service providers, etc. within your community, school, district, and/or state with whom you have shared this information.

How did you accomplish this sharing?


9. Please explain what system change you hope will be obtained by sharing this information.


PLEASE ATTACH A COPY OF THE CONFERENCE/WORKSHOP/ACTIVITY AGENDA;

THIS FORM MUST BE TURNED IN WITHIN 30 DAYS OF THE ACTIVITY OR YOU WILL NOT BE ELEGIBLE FOR ANY ADDITIONAL IPUL SCHOLARSHIP