

Parent Scholarship Report Form

4619 Emerald, Ste. E♦ Boise, ID 83706♦ PH-342-5884♦ Fax-342-1408♦1-800-242-IPUL

1.	Applicant Name:		Date:			
	Address:					
	Phone No:					
2.	Title of Conference/Workshop/Activity:					
	Dates of Conference/Workshop/Activity:					
	Location of Conference/Workshop/Activity:					
	Name of Org. Sponsoring:					
3.						
	☐ 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)		\$			
Registration Parking Taxi		Taxi	Respite	Other		
Other Sources of Funding Solicited:						
Other Funding (Amounts) Received:						
6.	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.
-DIEACE ATTACH A CODY OF THE CONFEDENCE/WODE/SHOD/A CTIVITY A CENDA

wplease attach a copy of the conference/workshop/activity agenda; w this form must be turned in within 30 days of the activity or you will not be elegible for any additional ipul scholarship