



Kansas Deaf-Blind Project Family Enrichment Scholarship

The Kansas Deaf-Blind Project has a limited number of scholarships available for families of children with deaf-blindness to help supplement some of the registration costs for families to attend conferences, workshops, seminars, and training related to your child's deaf-blindness.

The Family Enrichment Scholarship is offered on a first come, first served basis, as funding is available.

How do I apply for Funding?

- Applications can be found online on the Kansas Deaf-Blind Project website <http://kansasdeafblind.org>
- Apply at least 10 days prior to the start of the event
- Complete the Family Enrichment Scholarship Application
- Submit copies of the brochure, flyer, website info, or other documentation that will provide us with more information on the event
- Applications may be submitted online, email, or mail

What is the Application Process?

Once your application is received and reviewed, you will be notified of the amount of the scholarship award or be notified of your application being denied. Included in the award letter is a blank W9 to be completed and an acceptance form to be returned to the Kansas Deaf-Blind Project.

What is the Reimbursement Process?

The Family Enrichment Scholarship reimburses for actual expenses paid after the event. A receipt for the expense to be reimbursed must be submitted before a reimbursement request can be processed.



FAMILY ENRICHMENT SCHOLARSHIP APPLICATION

Date:

Is this the first time applying for the Family Enrichment Scholarship? YES NO
If you have applied before, please list the year? _____

PERSONAL INFORMATION:

Name of Child: _____ Date of birth: _____

Parent 1 Name:

Home Address:

City, State, & Zip Code:

Email: _____ Phone _____

Parent 2 Name

Home Address:

City, State, & Zip Code:

Email: _____ Phone _____

EVENT INFORMATION

Name of event:

Date of event:

Address of event:

Registration Cost to Attend:

Event Website:

The number of family members attending the event:

Why do you want to attend the event?

How are you planning to use the information gained from the event?

How will you share the information with others?

Kansas Deaf-Blind Project use only:

Received Date: _____ Reviewed Date: _____ Reviewer initials: _____

Approved \$ _____ Denied _____

NOTES: