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:  ___________________

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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: