

**2020 DOVIA Scholarship Application**

***Must be received 2 weeks prior to conference early registration deadline!***

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| Applicant Name: | Title: |
| Agency: |
| Mailing Address: |
| Phone: | Email: |
| Conference Title: |
| Conference Purpose: |
| Registration Amount: | Full/Partial Amount Requested: |
| To what extent can your organization financially support this event? |
| To what extent can you personally financially support this event? |
| Why do you need a scholarship and how would you benefit from attending this event? |
| In what way will this conference impact your professional skills? |

By signing below, I indicate I understand scholarship funds do not include transportation or other related expenses. I understand that I must register before the early registration deadline and, if I do not, I agree that I am responsible for any additional registration fees. If I am selected, I agree to share with DOVIA materials and information I received from this event by providing a brief summary of information in writing or in person at a DOVIA meeting.

**Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return to **Jennifer Flynn, 2020 Scholarship Chair, via email, jflynn@mealsonwheels.org**