WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Wisconsin **D**eafblind
Technical **A**ssistance **P**roject
124 2nd Street #35, Baraboo, WI 53913
www.wdbtap.wi.gov

2016 Family Conference Scholarship Application

Your Name: _____

Address: _____

Phone and Email: _____

Child's Name:_____

1. I am requesting scholarship funds to cover the following expenses, <u>limited to registration fee and hotel costs</u> (Please check the applicable expense lines):

_____ **Family Registration Fee $200 (includes dinner for your entire family on Friday, November 11 and breakfast, lunch and dinner on Saturday, November 12, childcare activities and presenter fees)**

Hotel Room ($80 per night single; $90 per night double adult occupancy) Please indicate below.
_____ **One night family hotel room stay ($80/$90)**
_____ **Two night family hotel room stay ($160/$180)**

2. What other organizations have you asked to assist you with your request prior to WDBTAP?
_____

Your signature: _____ **Date:**_____

WDBTAP SCHOLARSHIP/STIPEND APPLICATION GUIDELINES
Please note that scholarship funding is based on availability and applications are reviewed on a first come-first served basis. Prior participation in the WDBTAP scholarship/stipend program, and intended audience/impact of the training may also be considered. It is also suggested that at least one other local organization be approached for assistance before applying for WDBTAP funds.

Mail completed scholarship application to WDBTAP Scholarship, 124 2nd St., Baraboo, WI 53913.

SCHOLARSHIP APPLICATIONS MUST BE RECEIVED BY WDBTAP NO LATER THAN FRIDAY, SEPTEMBER 23, 2016.

This scholarship is offered through a grant from the US Department of Education. Material presented at the conference does not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Louise Tripoli@ed.gov