

CONSUMER SCHOLARSHIP PROGRAM

The Statewide Transition Conference Steering Committee has created a Consumer Scholarship Program to enable families and individuals with a disability to attend the Statewide Transition Conference they otherwise would be unable to attend due to financial constraints.

Who Can Apply?

- A person with a disability.
- An immediate family member of a person with a disability.
- A guardian for a person with a disability.

What Expenses Can I Apply For?

The Consumer Scholarship Program will provide families and individuals with a disability assistance with expenses such as conference registration fees, hotel reservations, cost of personal care attendant and costs associated with travel.

Whenever possible, fees will be paid directly to the conference and hotel. Mileage and other expenses will be reimbursed once receipts are provided following the conference.

Expenses Not Covered:

This scholarship will **not** pay for hotel reservations if you live within 60 miles of the venue, meals not provided at the conference, parking fees, highway tolls, room service, entertain, Wi-Fi, and tips.

How Do I Learn If I am Approved?

Each application is reviewed by a committee. The committee will determine whether the applicant is eligible for funds and whether the funds are available. Priority is given to individuals and families who have not received a scholarship in the past. You will be notified within 30 days of submitting your application.

How Do I Apply?

The scholarship application must be completed and returned before September 15, 2020.

Email the application to: tara@silcofillinois.org

Fax the application to: 217-744-7744

Mail the application to SILC of IL

One West Old State Capitol Plaza, Ste. 716
Springfield, Illinois 62701

CONSUMER SCHOLARSHIP PROGRAM APPLICATION

Name: _____
(please list all individuals wishing to attend conference)

Address: _____

Phone Number: () _____

What County do you live in? _____

Check All That Applies

- _____ I am a person with a disability.
_____ My family member is a person with a disability.
_____ I am the guardian for a person with a disability.

Name of Conference You Want to Attend

Illinois Statewide Transition Conference
October 29-30, 2020, East Peoria, Illinois

Disability

- Physical Disability
 Visual Impairment
 Hearing Impairment
 Mental Health Disability
 Developmental Disability
 Neuro/Muscular Disability

Ethnicity

- Caucasian
 African American
 Native American
 Latino
 Multi-Racial
 Asian
 Other _____

Age Range

- Under 18
 18 - 24
 25 - 34
 35 - 44
 45 - 64
 65 and over

Income Level

- \$7,000 - \$10,000 year
 \$10,000 - \$15,000 year
 \$15,000 - \$20,000 year
 over \$20,000 a year

Financial Assistance is Needed for: (please check all that apply and write in amount requested)

- | | |
|---|-----------------|
| <input type="checkbox"/> Conference Registration Fee | \$ _____ |
| <input type="checkbox"/> Hotel | \$ _____ |
| <input type="checkbox"/> Personal Attendant Care | \$ _____ |
| <input type="checkbox"/> Travel (Mileage @ \$0.58.5/mile) | \$ _____ |
| <input type="checkbox"/> Amtrak (Train ticket reimbursed) | \$ _____ |
| Total Amount Requested | \$ _____ |

The following statement must be signed to validate this request:

I am requesting assistance to attend a conference which I would be unable to attend without this support.
I promise to use funds for the stated purposes and to submit all required documents following the conference.

Signature _____ Date _____