Dear NYS Aging Services Conference scholarship applicant,

The New York State Aging Services Conference Committee will be awarding up to three scholarships for the 2019 conference at the Embassy Suites, Syracuse Destiny USA in Syracuse, NY on October 3 - 4, 2019. These scholarships are available for first-time attendees only – scholarships can be used for participants who are attending for just one or two days.

This scholarship will cover the conference fees and up to two nights at the hotel. Scholarship recipients will be responsible for all travel, dinner meals and all other expenses associated with attending the conference.

**Application Procedure**

1. Complete the application below by typing or printing neatly. PLEASE MAKE SURE YOU SUBMIT AN ESSAY AS DESCRIBED BELOW.

2. Mail, fax, or email the completed application to the address listed below. The application must be **received** by June 30.

3. All applications received by June 30 will be reviewed by the Conference Committee. Applicant will be notified by July 15.

4. Applicant who has been awarded a scholarship needs to accept the scholarship by July 22 **AND** must register for the conference by August 1. If these deadlines are not met the scholarship will be forfeited.

**Return application by June 30, 2019**

***Mail: Meals on Wheels of the Jamestown Area***

***ATTN: Barrie Yochim***

***P.O. Box 56 - Jamestown, NY 14702-0056***

OR

***Fax* with** Cover Page: (716) 484-7411

OR

***Email:*** meals@netsync.net (Put Scholarship Application in the subject line).

Have you ever attended a NYS Aging Services Conference?  Yes  No

**NYS Senior Nutrition Conference Scholarship Application**

October 3-4, 2019 – Syracuse, NY

**DEADLINE:** NYS Aging Services Conference Committee must **receive** this application by June 30, 2019.

**Applicant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate if you are a member of:  ASDNYS NYSANASP  MOWNYS

**Will budget constraints prevent you from attending the 2019 conference?**   Yes  No

**If you were to receive up to a $350 scholarship, would your organization fund the remaining expenses (travel, dinner meal expenses, etc.) to allow you to attend the 2019 conference?**   Yes  No

**Explain why you believe you should receive a scholarship: Please attach a separate sheet with no more than a 500 word essay.**

**Important Dates**

June 30, 2019 Application due date

July 15, 2019 Applicants notified of selection

July 22, 2019 Approved applicant must accept scholarship

August 1, 2019 Register for the conference

October 3-4 2019 NYS Aging Services Conference – Syracuse, NY

**Affirmation**: *By signing below and submitting this application, I affirm that should I receive a scholarship, I have the funds available to pay for travel, and all other expenses related to attending the annual Aging Services Conference in Syracuse, NY, October 3-4, 2019, and would attend the 2019 conference.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date