

# APPLY FOR A SURVIVOR/CAREGIVER 2026 CONFERENCE SCHOLARSHIP

Return completed application no later than April 20, 2026

Need help? Contact Christine Schneider at [Schneider@biapa.org](mailto:Schneider@biapa.org) or call 717.940.0976.

THE INFORMATION MUST BE COMPLETED NEATLY & ENTIRELY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Check One:**  Survivor  Family Member  Caregiver  Other

**Have you received a scholarship in the past?**  Yes  No

\*\**(If you have received multiple scholarships, you may not be eligible to receive another scholarship)\*\**

**Do you currently receive SSI or SSDI?**  Yes  No

## **Name of Additional Attendee traveling with the Applicant:**

1. \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Does the additional attendee traveling with the applicant need funding also?  Yes  No

## **Expenses Covered By the Scholarship**

- Conference registration for days you attend.
- Meals scheduled at the conference. Additional meals outside of the conference are not reimbursed.
- Scholarship may include overnight hotel accommodations, depending on available funding. Anyone receiving hotel accommodations will need to provide a credit card to the hotel for incidentals, such as parking, room service, in-room movie orders, etc. If you have questions about this, contact Christine Schneider at [schneider@biapa.org](mailto:schneider@biapa.org) or 717-940-0976.

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## Check the days you plan to attend the conference:

- Monday, June 22, 2026       Tuesday, June 23, 2026

## Check only if you need overnight hotel accommodations:

- Sunday, June 21, 2026       Monday, June 22, 2026

**Transportation Costs:** Transportation costs to and from the conference are not included in the scholarship award and are the responsibility of the recipient.

## Special Accommodations (Accessible Overnight Room/Shower/Bathroom, Meal or Dietary, etc.) :

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## Please explain why you need this scholarship (use additional page if needed) :

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete and submit form by mail or email to [schneider@biapa.org](mailto:schneider@biapa.org) by April 20, 2026.**

BIAPA  
ATTN: Christine Schneider  
947 Wayne Avenue, No. 110  
Chambersburg, PA 17201

# DEMOGRAPHIC INFORMATION

Help BIAPA plan future programs/services be more inclusive

To serve the brain injury community most effectively, we are requesting basic demographic information from persons with brain injury, care partners, and care professionals. The information collected will help us to plan and deliver future programs/services in an inclusive manner. The survey is anonymous—**please do not write your name on this form.**

Age \_\_\_\_\_

**Brain Injury** (Please check)  Yes  No  Prefer Not to Say

**Race and Ethnicity** (Select all that apply)

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Pacific Islander or Native Hawaiian
- Hispanic/Latino/Latina/Latinx
- Choose not to say

**Gender**

- Male
- Female
- Non-Binary
- Transgender
- Prefer Not to Say
- Other \_\_\_\_\_

**Geographic Location**

- Urban
- Suburban
- Rural

Zip Code \_\_\_\_\_

**Marital Status**

- Single
- Married
- Widowed
- Living with Partner (unmarried)

**Military Status**

**Are you active military or have you ever been active military?**

- Yes  No

**Would you like to include your spouse or partner in communications?**

*BIAPA offers Support Groups that might be of interest to them.*

If yes, add email address \_\_\_\_\_

**Disability Status**

**Do you have any accessibility requirements that you'd like us to be aware of?**

- Yes  No  Choose Not to Say

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_