About the scholarship:

As the nonprofit leader on childhood apraxia of speech, our mission is to strengthen the support systems in the lives of children with apraxia, so that each child is afforded his/her best opportunity to develop optimal communication skills. It is for this purpose that we meet for our annual conference. Children with apraxia need amazing support teams helping them along the way. With this in mind, Apraxia Kids will be offering a limited number of scholarships to aid families with financial need who may not otherwise be able to attend the conference. We regret that we will be unable to assist all of those who apply for scholarships, however Apraxia Kids will use the scholarship fund resources to assist as many applicants as possible.

Eligibility:

Parents or Guardians of a child diagnosed with childhood apraxia of speech are eligible for a scholarship. Priority will be given to applicants attending their first National Conference who demonstrate financial need and applicants who have not received a scholarship in the past. Only one scholarship per family will be awarded. Scholarships are not transferable. If you are not granted a scholarship and still want to attend the National Conference, you will be able to register at the lowest rate available, $235.00. You will be emailed a discount code for this rate when you are notified of your status.

Scholarship Information:

Individuals who are awarded a scholarship are eligible to have appropriate conference expenses reimbursed up to $500 with original receipts.

Appropriate conference expenses include:

- Hotel
- Meals (The maximum that Apraxia Kids can reimburse for meals is set as: Breakfast - $10.00; Lunch - $15.00 and Dinner - $25.00 (note: tips may be added to these amounts). Alcohol is not an allowable expense. Meals provided during the conference will be excluded for purposes of reimbursement.
- Travel (Travel reimbursement includes airfare, bus, train, car, and tolls. Mileage will be reimbursed at Federal rate of 54.5 cents/mile.)

Original Receipts and Reimbursement Form must be postmarked by July 31, 2019. Receipts mailed after July 31, 2019 will not be eligible for reimbursement. There are no exceptions.

- All applicants will be notified of their status by March 29, 2019.
- NO EXCEPTIONS.
**Application Information:**

Date: ___/___/____

- Last Name: __________________________  First Name: __________________________
- Address: ____________________________________________________________________
- City: __________________________ State: __________________________ Zip: ____________
- Phone: __________________________ Email: ____________________________________________________________________
- Name of your child with CAS: __________________________ Age: _____ Gender: _____ Male _____ Female
- Have you attended our conference in the past? ___Yes ___No  If yes, what year? _______
- Have you applied for a scholarship for our National Conference? _____ Yes _____ No
- Have you ever received a scholarship for our National Conference? _____ Yes _____ No

**Send By Mail:***

✓ Signed Application Form
✓ Short Answer Questions with Answers: (Please attach as many sheets as needed to answer the following, and remember it’s to your advantage to be as descriptive as possible!)

- Describe your financial need for this scholarship.
- Describe your biggest challenge in caring for your child with CAS.
- State your expectations, purpose, and goals in attending the National Conference, including any plans to share your educational experience within your community.
- Describe your past community involvement with Apraxia Kids, apraxia awareness, education, or outreach.
- Are you currently involved in activities on behalf of Apraxia Kids and/or children with apraxia and their families? If yes, please explain.
- Describe the strengths you have that could contribute to future events/functions.

✦ INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED ✦
✦ DEADLINE: All Scholarship Applications must be postmarked by March 15, 2019 ✦
✦ No Exceptions. ✦
Mark your initials in the space before each statement below.

If I am awarded a scholarship to the 2019 Apraxia Kids National Conference, I agree to:

_____ Attend the Conference and Educational Sessions during the 2019 National Conference.

_____ Write a thank you note to the Apraxia Kids scholarship fund sponsors and submit it to Apraxia Kids within one month of the conference.

_____ Be actively involved in supporting and promoting Apraxia Kids activities following the conference.

_____ Submit original receipts and the Reimbursement Form that will be provided to me postmarked no later than July 31, 2019. If I do not submit original receipts and the Reimbursement Form postmarked by July 31, 2019, I relinquish the scholarship and any claim that I might have to be reimbursed.

I also agree:

_____ In accepting a scholarship for the 2019 National Conference on CAS, I understand and agree that Apraxia Kids may use my comments in its literature, website, and/or promotions.

Signed: ________________________________ (Scholarship Applicant) Date: ________________

❖ INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED ❖
❖ DEADLINE: All Scholarship Applications must be postmarked by March 15, 2019 ❖
   ❖ No Exceptions. ❖