BMCC 2016 CONFERENCE

Scholarship Award Application

The conference planning committee is offering a limited number of scholarships to organizations which otherwise could not afford to attend this conference, but would benefit from the training. Scholarship Awards are limited to one individual per agency.

Application forms must be received by **Wednesday, March 9, 2016**

AWARD SCHOLARSHIP/STIPEND AMOUNT

- Complimentary conference registration fee
- $300.00 (travel and hotel stipend) per organization outside a 30-mile radius from the Lansing Center. Stipend checks available at registration desk
- Limited to one person per organization

ELIGIBILITY CRITERIA

- Less than five full-time paid staff
- Annual administrative budget of less than $125,000. Administrative budget statements must accompany application.
- Actively involved in producing affordable housing and/or providing housing/homeless services
- The organization must submit the application on behalf of the individual
- The name of the individual cannot be changed

APPLICATION PROCESS

- Please complete and return the Scholarship Award Application Form (below) along with a copy of Year 2016 operating budget, verifying the financial need. Application forms must be received by Wednesday, March 9, 2016
- Applications will be processed by a scholarship award steering committee, and notification letters will be mailed to the applicant at the address on the application on Wednesday, March 9, 2016
- All applications must be registered for the conference before the awards are announced. Refunds on registration fees will be processed during the scholarship award notification process.
- Please note: If qualifying applications exceed the number of scholarships available, a random drawing will take place as a final selection process for award recipients.

APPLICATION FORM

Name of Organization: _____

Street Address: _____

City:_____State: _____Zip Code:_____

Phone:_____Fax: _____

E-mail: _____

Name of Scholarship Applicant: _____

Title: _____

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

Applications will only be accepted when accompanied by your organization's current operating budget.

1. Number of full-time paid staff: _____

2. Amount of year 2016 operating budget: _____ (Submit year 2015-16 operating budget verifying these numbers)

3. List of housing activities: _____

_____

Mail to: Diane Dufek, AMR, 1390 Eisenhower Place, Ann Arbor, MI 48108