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THE VOICE OF BRAIN INJURY

2017 ANNUAL CONFERENCE Scholarship Application

The Brain Injury Association of Michigan is committed to providing educational opportunities to persons with brain injury and family members. In order to provide these services to as many members as possible, it is our policy to request payment based on income and ability to pay. We are confident that our members will demonstrate honesty and integrity when applying for scholarship funds based on financial needs.

Scholarships are limited . . . Register early!

Please answer ALL questions and return this form, conference registration form and payment to the BIAMI office by August 24, 2017

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Chapter/Support Group _____

Emergency Contact Name & Phone # _____

Check appropriate box: [] Person with a brain injury [] Family member

Are you a current member of BIAMI? Yes [] No []

(To apply for a scholarship you must be a current member)

Office Use Only
Expiration date

Are you currently involved with your local chapter/support group, Survivors' Committee or a BIAMI committee? Yes [] No []

Specify _____

Have you received a conference scholarship before? Yes [] No []

When _____

Are you currently employed? Yes [] No []

Part Time [] Full Time []

Turn page over to complete Scholarship application

Our Mission: To improve the lives of those affected by brain injury and to reduce the incidence and impact of brain injury through education, advocacy, support, treatment services and resources.



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Continued

- Thursday Evening Dinner Dance
- Circle Only One Day:* Thursday or Friday Workshops (includes lunch)
- Single Hotel Room
- Double Hotel Room *(double rooms available for those sharing, see name below)*

TOTAL COST	BIAMI SCHOLARSHIP PAYS	MY FEE
\$ 35	\$ 17	\$ 18
\$ 70	\$ 40	\$ 30
\$ 129	\$ 66	\$ 63
\$ 129	\$ 66	\$ 63
Total amount due:		\$

I will share with _____

If you are financially unable to pay the above fees, please call our office at (800) 444-6443.

Room Accommodations: (Fill out only if you are requesting a hotel room)

- *Wheelchair Accessible Room
- *Accessible Rooms Available with One King Bed Only

Payment:

Check: Please make checks payable to: **Brain Injury Association of Michigan**

Charge:

- Visa MasterCard American Express Discover

Charge Card No. _____ Expiration _____

Name on CC _____ CID# _____

Billing Address for Credit Card _____

IMPORTANT NOTES:

- Completion of this form does not guarantee approval.
- Scholarships cover the registration fee for EITHER Thursday OR Friday workshops and lunch.
- **Transportation to and from the conference is the responsibility of the individual attending.**
- The Brain Injury Association of Michigan will make all hotel reservations for those who are requesting a room – **after** the scholarship is approved.

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