

**Family Alliance Network
Parent Support Conference Scholarship
Submission DEADLINE: MAY 12, 2022**

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

PLEASE ATTACH THE FOLLOWING:

Scholarship Application check list:
DEADLINE - MAY 12, 2022

Name of the parent/caregiver: _____

Submit a copy of loved one IEP Individual Education Plan or PCP Personal Center Plan

Submit a photo of yourself for our records

Submit a paragraph on your reason for wanting to attend the conference

Submit a paragraph on what you hope to gain out of the conference

After the conference a follow up letter will be sent for your completion, if we do not receive this will void al future scholarships from Family Alliance Network: Camps/Parenting Conference/ or Education scholarships

Scholarship check list:

_____ Current IEP (Individualized Education Plan)

OR

_____ Current PCP (Person Centered Plan)

_____ Photo of yourself

_____ Paragraph on attending the conference

_____ Paragraph on conference expectation

Please read carefully, sign and date the following.

RELEASE AND WAIVER OF ALL CLAIMS

The undersigned releases and discharges Family Alliance Network (FAN), its successors and assigns, and its respective agents, representatives, member of its Board of Directors, Officers, and Employees, from any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and cost of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned child and/or legal dependent may have arising out of, in connection with, or in any way relating to any Program/Camp for which FAN Scholarship funds may be received.

Signature: _____ Date: _____

Print Name: _____

Mail to: Family Alliance Network * 26146 W. 6 Mile * Redford Twp. MI 48240

Information provided is kept Confidential and Restricted for FAN use only.

Please read carefully, sign and date the following.

- I understand that my Application is subject to review and approval by Family Alliance Network
- I certify that all information provided is complete and accurate to the best of my knowledge.
- I acknowledge that if I receive any FAN scholarship funds, I will not consider receipt of such funds as an endorsement of the "CONFERENCE" by Family Alliance Network

Signature: _____ Date: _____