NASSGAP

NATIONAL ASSOCIATION OF STATE STUDENT GRANT & AID PROGRAMS

APPLICATION FOR CONFERENCE SCHOLARSHIP ASSISTANCE

Application Deadline: August 21, 2026

The purpose of the NASSGAP scholarship is to provide an opportunity for individuals who, due to financial constraints, would be unable to attend the Fall NASSGAP conference without scholarship support. The scholarship will be awarded up to the amount of $3,000 and can be used toward the conference registration fee, hotel and airfare. Applications will be reviewed after the deadline and scholarship recipients will be notified by September 1. Scholarship awards to states are documented in Executive Committee Meeting Minutes.

Name: _____

Title: _____

Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

1. Have you attended an in-person NASSGAP conference in the past? If so, when?

_____

2. When was the last time that your state was represented at an in-person NASSGAP conference?

_____

3. Are other representatives from your state planning to attend the NASSGAP conference?

_____

4. Are there other conferences that you are planning, or expecting, to attend within the next year?

_____

5. Is your state current on its NASSGAP membership dues? If no, is your state planning to renew?

_____

6. What is the situation that prevents your state from paying for the full costs for you to attend the conference?

7. Please provide a brief description of why you want to attend this conference.

8. Describe how you think attending this conference will benefit you as an individual and/or your agency or state. (Do you anticipate the retirement of your NASSGAP contact?)

9. Please indicate a preference for scholarship assistance related to conference registration fee, airline expenses, hotel expenses and/or other expenses.

   It would be most helpful if NASSGAP would cover the following expenses (Please enter estimated costs if exact cost is unknown):

   A. Conference Fee ($795): _____
   B. Total Airfare (most reasonable/economical available): _____
   C. Total Hotel Expenses ($110 plus taxes/fees per night): _____
   D. Total Other Travel Expenses: _____
   E. Total (A-D) All Travel Expenses: _____

_____ _____
Signature of Applicant Date

_____ _____
Signature of Applicant's Supervisor or Agency CEO* Date

**This signature is attesting that the agency or state supports the applicant's attendance at the conference and is willing to share in the costs of the conference if the applicant receives a scholarship and the scholarship does not cover the full cost of attendance.*

Please submit the application via email to:

NASSGAP Scholarship Review Committee
c/o Renée Davis
2025-26 NASSGAP President

president@nassgap.org