

  **National Association of State Student Grant & Aid Programs**

 **Application for Conference Scholarship Assistance**

Deadline for Applications: August 1, 2016

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 $1,000 and can be used toward the conference registration fee or paid out for travel expenses. Applications will be reviewed after the deadline and scholarship recipients will be notified by August 31st.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you attended a NASSGAP Conference in the past? If so, when?

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2. When was the last time that your state was represented at a NASSGAP Conference?

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3. Are there other representatives from your state that are planning to attend the Fall NASSGAP conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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5. Is your state a NASSGAP paying member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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8. Describe how you think attending this conference will benefit you as an individual and/or your agency or state?

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Signature of Applicant Date

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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 will share in the costs of the conference, to whatever extent possible, if the applicant receives a scholarship.)

Please mail, fax or email the application to the following:

NASSGAP Scholarship Review Committee

c/o Stephanie Butler, Interim Executive Director

Alaska Commission on Postsecondary Education

P.O. Box 110505

Juneau, AK 99811-0505

Email: Stephanie.butler@alaska.gov

Fax: 907-465-5316