**National Federation of the Blind of Maryland**

**Financial Assistance Application Form**

This grant is intended to assist persons interested in NFBMD with limited means to attend conventions, seminars, and affiliate events. Recipients of this grant must demonstrate genuine interest in, and commitment to the blind of Maryland or the potential to develop such interest and commitment. Recipients are expected to attend all sessions relative to the event for which they receive assistance. Recipients are also expected to assist with Convention and/or event activities.

The attached application must be completely filled out and submitted to the President of the National Federation of the Blind of Maryland. NFBMD expects all participants to contribute to funding to attend events. The Award Committee may award partial funding to assist individuals to attend seminars, conventions, or the like.

**National Federation of the Blind of Maryland**

**Financial Assistance Application Form**

**APPLICANT INFORMATION:**

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am seeking assistance to attend:

( ) National Convention

( ) State Convention

( ) Other NFBMD Seminar/Event (Please specify event name):

Indicate the assistance you need and estimate the amount needed.

( ) Transportation: $\_\_\_\_\_\_

( ) Lodging: $\_\_\_\_\_\_ covers \_\_\_\_\_ # of nights.

( ) Registration: $\_\_\_\_\_\_

( ) Banquet: $\_\_\_\_\_\_

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I expect my costs for the above to be approximately: $\_\_\_\_

NFBMD reserves the right to reduce or eliminate any award based on a change of plans by the applicant. For example, if you indicate that you will stay 5 nights and change your plans to stay less time, NFBMD may require repayment of all or a portion of the award.

Indicate any other sources for funding you have applied to, including Chapters of NFBMD:

Indicate Federation activities in which you have been involved in the last year, including but not limited to conventions, seminars, fund raising, legislative action, and chapter membership :

Indicate positions of leadership you have held:

Indicate any financial assistance NFB, NFBMD, or any chapter has provided in the last two years including name of event/activity and amount recieved:

By signing below, I acknowledge and understand that as a condition of receiving funding, I:

* Must attend all activities associated with the event for which I am receiving funding;
* Must work any assigned jobs, shifts, or tasks at the event that are assigned to me by the NFBMD President or a designee;
* Must notify NFBMD immediately if my plans change and I am either unable to attend the event or must shorten the duration of my participation in the event; and
* Must return any awarded funds if I do not attend the event and/or return the portion determined to be appropriate by NFBMD if I shorten the duration of my attendance at the event;
* May be assigned one or more roommates by the NFBMD President or a designee, should lodging assistance be granted, and as a condition of receiving financial assistance, must accept the assigned roommate(s) designated;
* May not have another individual stay in any lodging accommodations/rooms for which I am receiving financial assistance unless I have received prior written approval from NFBMD to do so; and
* Should I violate any of the above requirements, NFBMD will summarily rescind any financial assistance it has committed, I am responsible for my own costs and repaying any costs NFBMD has already paid on my behalf, and I am not eligible for financial assistance from NFBMD in the future.

Signature of Applicant: (You may sign electronically)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_