

## SCHOLARSHIP REQUEST FORM

For those not awarded a scholarship, the deadline to register has been extended to Feb. 27.

### 29th Annual Appalachian Studies Conference

Friday, March 17-19, 2006

Sinclair Community College in Dayton, Ohio

**Application Deadline: Postmark Friday, February 11, 2006.**

The purpose of this form is to 1) help the Appalachian Studies Association use its limited scholarship money to aid the largest possible number of conference attendees, 2) help applicants indicate how much they need to attend the conference, 3) identify applicants with critical need.

**Please note:** Persons applying for scholarships for a group of people, such as a student group, should fill out a separate form for each person for whom a scholarship is requested.

*\*\*\*Due to time constraints, travel reimbursement checks will not be sent out until after the conference.\*\*\**

Fill out, and mail this form to:

Cassie Robinson  
Chair, ASA Scholarship Committee  
Mars Hill College Box 6706  
Mars Hill, NC 28754

Phone: 828 689-1262

Fax: 828 689-1570

**Notification of Scholarship Recipients will begin on February 21, 2006.**

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

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

Applicant SSN#: (required to issue expense check) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Check here if expense money is to be paid to an organization

Organization FEIN#: \_\_\_\_\_

Describe your work/position: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

If you are participating in the conference, please list the name of your session and/or presentation: \_\_\_\_\_

\_\_\_\_\_

**Check all that apply:**

Undergraduate student

Independent Scholar

Graduate Student

Presenting at the conference

College Faculty

K-12 student

Unaffiliated with a College

K-12 teacher

Professional artist or performer

Non-Profit Organization

Activist or Community group

Received scholarship help in past

I live in an Appalachian Ohio county.

Activist or Community Person

County name \_\_\_\_\_

Other (list) \_\_\_\_\_

If you are part of a group that has other scholarship applicants, please fill out this section:

Name of group: \_\_\_\_\_ Group coordinator: \_\_\_\_\_

Coordinator's address: \_\_\_\_\_

Coordinator's email: \_\_\_\_\_ Coordinator's phone number: \_\_\_\_\_

Anticipated mileage needed to attend the conference (one way): \_\_\_\_\_

Are you planning to share a room at the conference with another scholarship applicant? \_\_\_\_\_

Are you planning to share a ride to the conference with another scholarship applicant? \_\_\_\_\_

Please indicate the funds you need for:

**Conference registration** (\$75 for students or \$125 for non-students)

**Travel, meals, and lodging assistance** \_\_\_\_\_

*\*Please enter the amount listed for the appropriate travel distance below:*

Zone 1: 0 to 99 miles (one way) from Dayton \$00.00

Zone 2: Between 100 and 249 miles (one way) from Dayton \$50.00

Zone 3: 250 miles or more (one way) to Dayton \$75.00

Total requested \$ \_\_\_\_\_

(The amount of awards will depend on the number of applicants and the available funding. Because of limited funds, applicants may not receive all of the requested funds.)