

Dottie Adams Scholarship Fund Application Form

Submission Date _____

Name _____

Address _____

City, State, Zip code _____

Telephone () _____

Email Address _____

Please notify me by email Yes No

Place of employment _____

Address _____

City, State, Zip Code _____

County _____

Telephone () _____

Check Whichever Applies:

I am a person with a developmental disability.

I am a family member/guardian of a person with a developmental disability.

Name of conference or event you wish to attend (please enclose copy of brochure and any other related documents):

Date of Conference _____ Location _____

Have you attended this conference or event before?

Yes No

Have you used Dottie Adams Scholarship Funds (formerly Learning Opportunities Support Funds) before?

Yes No

If yes, when? _____

Please describe in no more than one page why you are requesting a reimbursement of expenses, why you wish to attend this event and how this event will benefit you and/or others.

Expenses

- Registration Fees \$ _____
- Child Care \$ _____
- Personal Care Attendant\$ _____
- Respite Care \$ _____
- Hotel \$ _____
- Meals \$ _____
- Transportation \$ _____
- Other (List) \$ _____
- Total Cost of Event** \$ _____

TOTAL REQUEST	\$ _____	TO COUNCIL
----------------------	-----------------	-------------------

All awards are based on the availability of funds. Please email the application form to the GCDD Operations team at opsteam-gcdd@gcdd.ga.gov

Any money I receive through this project will be used to pay for costs described in this application.

Print Name

Legal Signature

Date

Council approval of funding for any event is not an endorsement of the event or of organizations involved in the event.