

THE FAMILIES CONFERENCE

The 18th Annual Community Connections Conference
October 9-11, 2009
Charleston Marriott Town Center Hotel

We have received your request for a stipend for this year's Families Conference and need the following information to process your application: Name of individual with disability, Date of Birth, Diagnosis, Date of Onset or Diagnosis Date. Also please **rank** at the bottom what type of assistance you need.

The stipend process will be different this year as we have become aware of some families who do not have the funds available to pay for the cost of the conference "up front". This year families will only be responsible to pay what the stipend award does not cover. Once this application is processed and the cash amount of the stipend is determined, each applicant will receive a written notification. The notification letter will detail the amount of the stipend. The cash amount of the stipend will be credited to the cost of the conference. You will only be responsible for paying the amount that is not covered by the stipend.

Name of individual with disability: _____

Date of Birth: _____

Diagnosis: _____

Date of Onset or Diagnosis Date: _____

Is this your first time attending this conference? _____

Please rank the type of assistance needed for the conference. One (1) indicates the most need , two (2) indicated moderate need and three (3) the least need.

_____ Registration Costs

_____ Lodging Costs

_____ Travel costs

Please return this form to: Roxanne Chaney at 350 Capitol St. Room 350, Charleston, WV 25301 by September 15, 2009.