Welcome to the 2016 Pride and Joy Families Weekend Conference scholarship application!

It is our goal to help any family that wants to attend the Conference, which takes place March 18-20 in Binghamton, NY. To that end, we have started a Scholarship Fund to aid those families who could not otherwise afford to participate in this unique experience. Learn more about the Conference at our website www.prideandjoyfamilies.org and on Facebook at LGBTFamCon.

In order to understand the application process, please read the following carefully.

Scholarship applications are kept confidential. Each will be reviewed and evaluated on an individual basis. Financial need, special circumstances, and participant characteristics are all considered when awarding scholarships.

There are limited scholarship funds available for those unable to pay the full price of the Conference. Some portion, depending upon the ability to pay, should be contributed by the applicant. PLEASE NOTE: Hotel fees are not eligible for scholarship funds.

On form below, please provide information requested, including calculation of your/your family’s total registration costs, were you to pay full price. Please base the total on this information:

Adult full conference: $100
Child, 6-12 years, full conference: $ 60
Child, 3-5 years, full conference: $ 30
Child 0-2 years: FREE
**College Students: $20 – one meal ticket only

Adult Saturday only: $ 60
Child, 6-12 years, Saturday only: $ 40
Child, 3-5 years, Saturday only: $ 20
Child 0-2 years: FREE
**College Students: $20 – one meal ticket only

Applications should be submitted as soon as possible but no later than February 26th, 2016.

Please send in your Scholarship Application as soon as possible. You may email as attachment to Mayumi Park at prideandjoyfamilies@gmail.com or send via US Postal Service to Mayumi’s attention at Lesbian and Gay Family Building Project, Binghamton University, PO Box 6000, Binghamton, NY 13902-6000.

In fairness to all applicants, we do not accept late applications under any circumstances. We will notify applicants no later than March 4th, 2016.

If you need assistance in completing this form, please contact Mayumi at prideandjoyfamilies@gmail.com, or 607.777.3717 during business hours.
CONTACT INFORMATION

First Name: ____________________________________________________________

Last Name: ____________________________________________________________

Email*: ______________________________________________________________

Email type for the email above (select)*:   Home  Business

Address Line 1*: ______________________________________________________

Address Line 2: ________________________________________________________

City*: ______________________________________________________________

State*: ______________________________________________________________

Zip and County*: ______________________________________________________

Phone Number*: ______________________________________________________

Phone type for the number above (select)*:   Home  Cell  Business  Fax

Binghamton University Class year (if alumni):

Please select category that describes you best:

☐ LGBTQ Parent
☐ LGBTQ Prospective Parent
☐ LGBTQ Adult
☐ Child of LGBTQ Parent(s)
☐ Resource/Vendor Fair Participant
☐ Workshop Presenter
☐ Health and Human Services Provider
☐ Ally
☐ Other (please specify: ____________________________)

Race/Ethnicity:

☐ Latino/Hispanic
☐ White
☐ Black
☐ Asian/Pacific-Islander
☐ American Indian/Alaskan Native/Hawaiian Native
☐ Other Race or Ethnicity
☐ Race Unknown
How did you hear about this conference?

[ ] Email Newsletter
[ ] Website
[ ] Facebook
[ ] From Friend/Colleague
[ ] Other
[ ] Don’t know

Please let us know if you have any special needs (mobility or dietary) that we should be made aware of:

Do you identify as an LGBTQ family?  [ ] YES  [ ] NO  [ ] NOT SURE

GUESTS (please provide info on all adults and children who will attend with you):

ADULTS

1. First: ___________________________  Last: ___________________________
   Special needs (mobility or dietary) that we should be aware of:

2. First: ___________________________  Last: ___________________________
   Special needs (mobility or dietary) that we should be aware of:

3. First: ___________________________  Last: ___________________________
   Special needs (mobility or dietary) that we should be aware of:

CHILDREN

1. First: ___________________________  Last: ___________________________
   Age/Birth Year: __________  Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:
2. First: __________________________  Last: __________________________
   Age/Birth Year: _________        Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:

3. First: __________________________  Last: __________________________
   Age/Birth Year: _________        Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:

4. First: __________________________  Last: __________________________
   Age/Birth Year: _________        Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:

5. First: __________________________  Last: __________________________
   Age/Birth Year: _________        Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:

6. First: __________________________  Last: __________________________
   Age/Birth Year: _________        Grade in school: _________
   Special needs (mobility or dietary) that we should be aware of:
7. First: ___________________________ Last: ___________________________

    Age/Birth Year: _______    Grade in school: _______

    Special needs (mobility or dietary) that we should be aware of:

Please ensure all financial information is complete prior to submission. We consider any personal information you provide us to be confidential.

What is your household income per year?

$ __________

What is the total price of registration for you/your family, were you to pay full fee (see rates above)?  Please note that fees vary by age of attendee and for Saturday-only versus full Conference attendance.

$ __________

What is the maximum amount you/your family can contribute toward registration fees?

$ __________

What is the amount of scholarship money you/your family is seeking?

$ __________
Please tell us something about yourself and your family and why it feels important for you to attend the Conference.

Are there any special circumstances we should know about?

I certify that the information provided by me on this application for a Scholarship Award is correct and may be verified by Pride and Joy Families at any time during the evaluation process and after.

Print your name ________________________________________________

Sign __________________________________________________________

Date __________________________________________________________