



## 2025 Coalition of Caring Registration Scholarship Application

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

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

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

Phone number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Referred by (Name/Organization): \_\_\_\_\_

Other \_\_\_\_\_

### What is your relationship with the individual(s) you are caring for?

- ☐ I am a parent caring for a child 18 and under
- ☐ I am a parent caring for an adult child
- ☐ I am caring for my spouse/partner/significant other
- ☐ I am an adult child caring for my parent(s)
- ☐ I am caring for a friend/other relative
- ☐ I am a professional caregiver
- ☐ Other: \_\_\_\_\_

### The individual I care for has the following condition(s) – please check all that apply:

- ☐ Alzheimer's or other form of dementia
- ☐ Multiple Sclerosis
- ☐ Developmental Disability
- ☐ Parkinson's
- ☐ Traumatic Brain Injury
- ☐ Cancer
- ☐ Mental Illness
- ☐ Chronic Illness
- ☐ Other: \_\_\_\_\_

Do you live with the individual you are caring for? ☐ Yes ☐ No

How many years have you been a caregiver? \_\_\_\_\_

As a caregiver, do you work outside of your home? ☐ Yes ☐ No

The reason I am requesting a scholarship to attend the statewide annual caregiver's conference is:

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Signed \_\_\_\_\_ Date \_\_\_\_\_

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**For Office use:**

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Amount of \$** \_\_\_\_\_

Please complete and mail/e-mail this form to:

**Coalition of Caring**  
**C/o Ellen Edgerly**  
**20 Constitution Way**  
**Rochester, NH 03867**  
**Ellen@bianh.org**