



## 2023 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  
Ellenedge@bianh.org**