Registration Scholarship Request Form for Family Members

A limited number of scholarships are available to cover conference registration fees.

**SCHOLARSHIP REGISTRATION INFORMATION**

First Name: ___________________ Last Name: ___________________

Address: ______________________________________________________

____________________________________________________________

City, State, zip code: ___________________________________________

Phone: ________________________________

Email: ________________________________

**ACCOMMODATIONS**

- Braille
- Large Print
- Interpreter
- CD
- Other ________________

**PROGRAM AWARDING SCHOLARSHIP (Office use only)**

- KPIRC
- KSDE

Email or fax the completed form to kolson@ku.edu or 620-421-0671. You may also mail the form to: Kathy Olson, 2601 Gabriel, Parsons, KS 67357.

For more information, call Kathy at 620-421-6550 x 1771.