

## 2026 Caregiver Conference Scholarship Application

Name	
Street Address	
City, ST Zip Code	
Phone	
e-mail Address	
Do you want to earn a CEU	Yes No (please circle one)

### Caregiver Support

Elder Service Providers has arranged for a limited number of scholarships for the attendance to and/or the care of individuals during the conference. Care will be provided by independent agencies within our community. Elder Service Providers assumes no liability for the quality of care provided by these agencies. Care may be provided in your home setting or in a community setting with other people receiving care. The agency may require additional paperwork to set up care.

### Scholarship Type

- Attendance to Conference
- Caregiver Support During Conference
- Both

Information about the person to be cared for: *please check all that apply and provide any additional information in the comments area:*

Preferred Type of Care:

- In Home
- Community Setting

Name of Individual: \_\_\_\_\_

\_\_\_\_\_ Dementia

\_\_\_\_\_ One person transfer: *please list any assistive devices* \_\_\_\_\_

\_\_\_\_\_ Assistance with eating (we cannot feed anyone who has trouble swallowing)

\_\_\_\_\_ Modified Diet

\_\_\_\_\_ Incontinent

\_\_\_\_\_ Ambulatory: *please list any assistive devices* \_\_\_\_\_

\_\_\_\_\_ Wheelchair dependent

\_\_\_\_\_ Client Smokes in Home

\_\_\_\_\_ Pets in the home: *please list type of pet(s)* \_\_\_\_\_

\_\_\_\_\_ Other

**Comments/Special Instructions:**

**Please tell us some information about you as the caregiver:**

Why are you applying for this scholarship?

What do hope to gain from the conference?

How long have you been working with the elderly?

How long have you been caring for your loved one?

**Our Mission**

Elder Service Providers is a group dedicated to facilitating opportunities for professionals and caregivers to connect, learn and feel supported in the important work that they do for seniors in our region.

**Agreement and Signature**

**By signing this, you acknowledge and agree to release Elder Service Providers from any liability for the respite care provided during conference attendance. You allow Elder Service Providers to pass along your contact information to an agency to arrange for respite care.**

Name (printed)	
Signature	
Date	

\*\*Applications will be accepted through March 31, 2026