

# ASAP Conference Scholarship Application



## Applicant Information

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

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date became ASAP member: \_\_\_\_\_

Have you ever received an ASAP Scholarship to attend a conference? \_\_\_\_\_

If applicant is a parent, name of child with SM or CM: \_\_\_\_\_ Age: \_\_\_\_\_

Will caregiver accompany applicant? \_\_\_\_ Relationship? \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

## Financial Information:

<u>ASSETS</u>	<u>MONTHLY INCOME</u>	<u>MONTHLY EXPENSES</u>
Checking Account \$ _____	Applicant's Monthly Gross Income \$ _____	Rent or Mortgage \$ _____
Savings Account \$ _____	Spouse's Monthly Gross Income \$ _____	Food \$ _____
	Other Monthly Income (Please specify) \$ _____	Telephone \$ _____
	\$ _____	Gas \$ _____
	\$ _____	Electric \$ _____
	\$ _____	Car Payment \$ _____
	\$ _____	Transportation (fuel/bus fare etc.) \$ _____
		Medical Costs \$ _____
		Insurance \$ _____
		School Tuition \$ _____
		Other Monthly Expenses (Please Specify) \$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	TOTAL MONTHLY INCOME \$ _____	TOTAL MONTHLY EXPENSES \$ _____

I have read and accept the ASAP Conference Scholarship Guidelines. I attest that the financial information I have provided is complete and accurate. I understand that submitting this application in no way guarantees I will receive financial assistance. I also agree that ASAP is not responsible for any incidents or accidents that may occur in association with attendance at the conference.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**This application must be received at the ASAP Office no later than July 1, 2025 Return by Mail to: ASAP, P.O. Box 1586, Longview, TX 75606-1586 or FAX 903-757-7456**