



2017 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:

Signed _____ Date _____

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@metrocast.net