

## Application for Scholarship to Tribal Roundtable— November 30, 2017 in Minneapolis, MN

Name of Register	ed Attendee:		
Name of Tribe/O	rganization Representing:		
Title and Duties:			
Name of Child(re	n) Buried at Carlisle:		
Your Address:			
City:	State:	Zip:	Country:
Phone:	Email:	Website:	
About Your Tribe			
Name and locatio	n of Tribe:		
Name of Tribal Le	ader(s):		
Size of Tribe:			
	dget:		
Tell us about you	r reason for applying for a scholarsh	nip:	

## **Scholarship Parameters**

The national Native American Boarding School Healing Coalition (NABS) is a 501(c)3 nonprofit with an annual budget of \$250,000. We are committed to boarding school healing and are therefore offering travel assistance for those who can not afford to attend otherwise. Not all travel scholarships will be approved in part or in whole. We ask you to consider sponsoring part of your travel or the travel of other atteendees. NABS will give scholarships for flights and hotel. NABS will not reimburse for mileage or meals.

## **Application for Scholarship to Tribal Roundtable (cont'd)**

Please fill out the following information by November 8, 2017 and we will notify you of your scholarship status by November 10, 2017.

iranspor	tation	
Traveling	from:	
Driving o	r flying	?
If flying, e	estima	ted amount of Roundtrip Flight:
(Please at	ttach s	creenshot of flight estimate)
Yes _	No	My Tribe/organization or myself can pay for my flight or mileage
Yes _	No	I can sponsor another attendee's flight
Yes _	No	I need NABS to purchase my flight, My DOB is: and
		my Name as it appears on my ID is:
Hotel		
reservation	ons is \	ck of rooms reserved at the conference rate of \$99/night. The cut-off for discounted Wednesday, November 8, 2017. After that day, rooms will be based on availability at ate (estimated \$129/night).
	•	ur reservations by calling 1-800-262-7799 and refer to the National Native American l Healing Coalition block.
Yes _	No	My Tribe/organization or myself can pay for my hotel costs
Yes _	No	I can sponsor another attendee's hotel costs forOne (1) nightTwo (2) nights
Yes _	No	I need NABS to cover my hotel costs forOne (1) nightTwo (2) nights
Meals		
NABS will your own	•	de breakfast and lunch on the day of the Tribal Round Table. All other meals are on
Printed N	ame o	f person filling out applicatoin:
Signature	e:	Date:
(Please als	o attac	ch a copy of Tribal ID)
•	•	ion to info@nabshc.org