**NATIONAL FEDERATION OF THE BLIND OF FLORIDA**

**Financial Assistance Application Form**

Please complete the below section as it relates to information about you. All fields are required.

First Name:

Last Name:

Best contact phone number:

Address:

City:

State

Zip

Email address

Chapter/Division

**NFBF Chapter Affiliation Information**

Please answer the below questions related to your NFBF Chapter Affiliation. All fields are required.

Chapter president name

Chapter president phone number

Member since

**Financial Assistance Details**

Please answer the below questions related to your specific request for financial assistance and other funding details. All fields are required.

I am seeking assistance to attend:

( ) National Convention

( ) State Convention

( ) Other NFBF Seminar/Event (Please specify event name):

Indicate any other sources for funding you have applied to, including Chapters of NFBF:

**Federation Involvement and Leadership**

Please answer the questions below related to you and your involvement in the Federation. All fields are required.

Indicate Federation activities in which you have been involved in the last two years, including but not limited to National Convention, State Convention, and Washington Seminar.

Indicate positions of leadership you have held:

**Event Attendance Benefits**

Please answer the questions below related to how you will benefit and how NFBF benefits from your attendance at event. All fields are required.

Why do you want to attend this event?

What would you gain from attending this event?

How do you plan to give back or contribute to our organization and/or our movement?

**Awardee Requirements**

Please read each of the following list of awardee requirements as stated below.

NFBF reserves the right to require repayment of any award if recipient fails to attend event or complete assigned tasks. If unable to attend, recipient must inform committee immediately. By signing below, I acknowledge and understand as a condition for receiving funding, I:

1. Must abide by the NFB Code of Conduct and all affiliate policies;

2. Must attend all required activities for the event for which I am receiving funding;

3. Must work any assigned jobs, shifts, or tasks at the event that are assigned to me by the NFBF;

4. Must notify NFBF immediately if my plans change and I am either unable to attend the event or must shorten the duration of my participation in the event;

5. Must return any awarded funds if I do not attend the event and/or return the portion determined to be appropriate by NFBF if I shorten the duration of my attendance at the event;

6. Am responsible for arranging my own lodging and transportation

7. Should I violate any of the above requirements, NFBF may rescind any financial assistance it has committed. I am responsible for my own costs and repaying any costs NFBF has already paid on my behalf, and I am not eligible for financial assistance from NFBF in the future.

Important Note

By signing this form, you agree to the above seven statements.

Signature of Applicant: (Typing your name here will suffice as your signature)

Date: