



ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

The Neighborhood Associations of Michigan (NAM) will provide a limited number of scholarships to the NAM Annual Conference. Scholarship applicants must meet the following criteria (not necessarily in the order listed):

1. The applicant, or the applicant's organization, **MUST BE** a paid member of NAM.
2. The applicant **MUST BE** a member of a neighborhood association or a community-based organization.
3. The NAM Scholarship application **MUST BE** completed and submitted per the directions cited below.

The completed Neighborhood Associations of Michigan conference scholarship application should be faxed to NAM at (517) 884-6489, electronically forwarded by selecting the SUBMIT button at the bottom of the last page, or mailed to:

*Neighborhood Associations of Michigan
PO Box 4193
East Lansing, MI 48826*

MUST RECEIVE APPLICATION NO LATER THAN:

Applicants will receive confirmation of a scholarship award no later than:



ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

DATE: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

SCHOLARSHIP INFORMATION

I AM REQUESTING A SCHOLARSHIP FOR:

Conference only (includes Friday/Saturday)

Lodging only

Thursday only

Friday only

Thursday and Friday

Conference and Lodging

Conference w/ Thursday lodging only

Conference w/ Friday lodging only

Conference w/ Thursday and Friday lodging

ARE YOU:

Unemployed

Senior citizen

A member of a neighborhood association or
community-based organization?

*If checked, please complete the additional Organization
Information on page 3.*

HAVE YOU PREVIOUSLY RECEIVED NAM CONFERENCE SUPPORT?

Yes No

If YES, please state which conference(s):

Year: _____ Conference city: _____

Year: _____ Conference city: _____

HAVE YOU, AND/OR YOUR ORGANIZATION, BENEFITED FROM ATTENDING PREVIOUS NAM CONFERENCES?

Yes No

If YES, please state how:

WHY SHOULD YOU RECEIVE SCHOLARSHIP SUPPORT TO ATTEND THE NAM ANNUAL CONFERENCE?



ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

ORGANIZATION INFORMATION

ORGANIZATION: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE/FACEBOOK: _____

PLEASE SELECT THE FOLLOWING THAT REPRESENTS YOUR TYPE OF ORGANIZATION(S):

Neighborhood association

Block Club

Neighborhood watch

Other _____

CONTACT INFORMATION

NAME: _____ *contact info same as Applicant, pg2*

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ADDITIONAL INFORMATION

WHEN WAS THE NEIGHBORHOOD ORGANIZATION ESTABLISHED? _____

WHAT IS THE NEIGHBORHOOD ORGANIZATION'S ACTIVE MEMBERSHIP? _____

WHAT IS THE NEIGHBORHOOD ORGANIZATION'S TOTAL MEMBERSHIP? _____

WHAT IS THE APPROXIMATE NUMBER OF CITY BLOCKS IN YOUR NEIGHBORHOOD ORGANIZATION? _____

PLEASE SELECT ALL THE ACTIVITIES YOUR NEIGHBORHOOD ORGANIZATION IS INVOLVED IN:

Beautification

Food and nutrition

Newsletters

Conflict resolution

Housing

Politics

Crime prevention

Improving city services

Social events

Education

Influencing public policy

Zoning