

Welcome To Fall Harvest 2008

November 4th - 9th - Kansas City, MO
SCHOLARSHIP APPLICATION FORM

About Scholarships

With the hopes of generous contributions from donors to this year's Fall Harvest Scholarship Fund, we hope to provide scholarships on an "As Needed Basis" to those who want to attend Fall Harvest but do not have the financial means to do so. If you are interested in contributing to this important program, contact the Scholarship Coordinator or visit www.FallHarvest.org and Click On The "Donations Please" Link And Donate What You Can!

Scholarships are intended to encourage first-time individuals and couples in need of financial assistance to attend Fall Harvest. The attendee's scholarship will be awarded based on need and typically in the form of a partial to full waiver of the registration fee. Some additional special awards may be available from year to year. The applicant is responsible for paying any additional registration fee remaining if the scholarship award is not a full tuition scholarship. As a fully registered attendee, scholarship recipients are entitled to all services and activities as listed on the Registration page. Food and drink, hotel, products and services purchased from resource providers, discretionary and entertainment expenses and transportation are not covered by the standard scholarship award. In general, no money will be given directly to the scholarship recipient.

How To Apply

To apply for a scholarship, fill out the enclosed form and email it to Scholarships@FallHarvest.Org. There is also a link to the email address [HERE!](#) You are also welcome to mail your application to: FALL HARVEST SCHOLARSHIPS - 6222 RAYTOWN TRAFFICWAY # 116 - RAYTOWN, MO 64133. You will receive an email confirmation verifying the receipt of your application.

The application deadline is AUGUST 1, 2008. Late applications will be reviewed on a case by case basis, funds permitting. Scholarship awards will be made during SEPTEMBER 2008 and typically consist of emailed vouchers. The vouchers can be used to offset the registration fee and are submitted with a normal Fall Harvest registration form as partial or full payment of the registration fee. Please indicate on your application form if your attendance at Fall Harvest depends on knowing before the end of SEPTEMBER whether you will receive a scholarship.

Scholarship Guidelines

Please note the following when you prepare your application.

You must have an independent sponsor who will vouch for your financial status and general situation. Include in your application as much contact information as possible, including the:

Your Scholarship Application Form!

Fall Harvest Location And Dates

TUESDAY NOVEMBER 4TH - SUNDAY NOVEMBER 18TH
THE HOLIDAY INN "ON THE PLAZA"

ONE EAST 45TH STREET
KANSAS CITY, MISSOURI 64111
FRONT DESK: 1-816-753-7400

Name, phone, email and/or mailing address of an officer at a Transgendered or GLBT Organization, a medical professional, a counselor, or other person in an official capacity whom we may contact. If you have questions about who may qualify as a sponsor, contact the scholarship coordinator.

1. All required fields on the form must be completed.
2. When you indicate your financial situation, please be fair to other applicants by providing accurate and true information about your financial status.
3. Please describe as fully as possible why you want to attend FALL HARVEST and a good description of your financial situation.

In addition to the general principle of awarding scholarships to those in need, the following guidelines are used in determining awards. Scholarships will not necessarily be awarded in each category.

1. First-Time Attendees – Strong preference is given to first-time attendees. Scholarships may be awarded up to the Full Tuition. This must be your first time as an individual or couple at Fall Harvest.
2. Couples - Scholarships may be awarded up to the Full Tuition.
3. Financial Need Attendees - At the discretion of the Scholarship Committee. This scholarship may be awarded to returning attendees with financial need.
4. International Attendees - At the discretion of the Scholarship Committee. This scholarship is for any person not living in the United States with significant financial or travel constraints. You must state the country you are coming from.
5. Specialty Awards. From year to year we may have unique awards available for applicants who meet the requirements for the awards.

Questions?

Contact the Scholarship Coordinator at Scholarships@FallHarvest.Org or at the mailing address. Extensive information on all topics is available at the Fall Harvest web site at <http://www.FallHarvest.org>

Fall Harvest 2008 Scholarship Application Form

All information is kept strictly confidential. Application must be received by August 1, 2008.

Attendee

Preferred First Name _____ Preferred Last Name _____

Legal First Name _____ Legal Last Name _____

Contact Information

Address _____

City _____

State/Province _____ Zip/Postal Code _____ Country _____

Email _____

Phone Number (recommended) (____) _____ Best Time to Call _____ Name to Ask For When Called _____

Applicant Status

How Many Fall Harvests Have You Attended? _____

Application Category (check all that apply):

1. First Timer _____
2. International _____
3. Couple _____
4. Financial Need _____

Income Level

Indicate Your Income Level:

1. Low _____
2. Poverty _____
3. Welfare _____
4. Middle Income _____
5. High Income _____

Attendance

Please Indicate The Days You Will Be Attending _____
(e.g. Monday, Tuesday, Thursday, Sunday)

Sponsor (an independent party whom we may contact to verify your situation)

Name _____ **Email** _____

Relationship to Applicant _____ **Phone Number (____)** _____

Reason for Scholarship and Additional Remarks (personal/financial situation, goals, etc. in detail)

Signature

By entering my name below and submitting this application, I declare that all information herein is complete and correct. If applying for a couple's scholarship, we declare that we are in a legally recognized marital relationship or we have shared the same physical residence for the last 12 months.

Signed _____

Date _____

Please mail completed application to: FALL HARVEST SCHOLARSHIPS - 6222 RAYTOWN TRAFFICWAY # 116 - RAYTOWN, MO 64133