


6th Annual Brain Institute: *Returning to Life* 2019 Training Access Funds Application



If you are planning to attend the Brain Institute on March 21 and 22 in Anchorage and need financial assistance in order to attend, you may be eligible to receive Training Access Funds sponsored by the UAA Center for Human Development/Alaska Training Cooperative and the Alaska Mental Health Trust Authority.

Here's what you need to do:


- Complete this application form and submit by **February 26**
- Submit the completed form by email, fax, or mail: print, complete the form, scan and email; complete the form online, save and send as an attachment by email; or print, complete and send by mail.
Email: jdavies@alaskabraininjury.net
Fax: 907-274-2826 attention Julie Davies
Mail to: Alaska Brain Injury Network, c/o Julie Davies, 121 West Fireweed Lane, Suite 175, Anchorage, AK 99503
- You will be notified if your application is accepted. You must register and pay for the conference and make all other reservations.
- You will register and pay for the Brain Institute and make all other travel arrangements.
- You will be prepared to submit receipts if requested.


Applications must be postmarked or fax dated by 5:00 pm, February 26. If you have any questions about the Training Access Funds please contact Julie Davies, jdavies@alaskabraininjury.net


First & Last Name of Applicant _____  Date _____


Applicant Address _____  

City _____ Zip _____ Phone _____


Applicant 7_ S[^ _____ 


Applicant Job Title _____ 

Organization/Employer Name _____ 

Employer Address _____ 

City _____ Zip _____ Phone _____

Supervisor's Name _____ 

Supervisor Email _____ 

Supervisor Phone _____

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Please answer the following:

- | | | | |
|---|---------|---------|---------|
| 1. Check your need(s) | Airfare | Mileage | Lodging |
| 2. Identify estimated amount (\$) that you are requesting \$ _____ | | | |
| 3. Identify the amount of financial support expected from your organization/employer \$ _____ | | | |

Please check and then sign to indicate that you understand the training access fund, registration, and payment requirements:

- ____ I understand that there is an expectation that I will attend the entire two-day Institute, March 21-22, 2019, in Anchorage, Alaska, in order to be reimbursed.
- ____ My supervisor's signature below indicates s/he is supportive of my participation in this educational opportunity.
- ____ I understand that if I am awarded training access funds through my employer, it is my personal responsibility to register for this conference upon notification of my acceptance.
- ____ I understand that I or my agency will be reimbursed for my approved expenses to be covered by training access funds through the Alaska Brain Injury Network **AFTER** completion of the entire Institute. I will need to submit receipts for expenses and/or mileage information.
- ____ I understand it is my responsibility to ensure that the registration payment is paid in full **prior** to the event.

Your Signature

Date

Your Supervisor Signature (if applicable)

Date

To ensure the correct distribution of the travel access fund reimbursement check, please complete the following information for the person who should receive the reimbursement funds:

Name of individual to receive the reimbursement
or indicate same as applicant _____

Email _____

Mailing address _____

City _____

Zip _____

Phone _____