

**Nineteenth International Conference on  
Shaken Baby Syndrome/Abusive Head Trauma  
September 15, 16, 17, 2024  
Salt Lake City, Utah, USA  
Scholarship Funds Application**

The National Center on Shaken Baby Syndrome is now accepting applications for scholarships. Very limited funding is available this year to provide scholarships for survivors and/or families of victims of SBS/AHT to attend. **Families who have not attended an SBS/AHT Conference in the past or who have not received a scholarship from the NCSBS will be given priority.** Applicants must not be receiving support to attend from any other organization. The granted funds shall be used exclusively towards hotel and travel costs. This assistance will be awarded in amounts *up to* \$750. Funds will be reimbursed at the beginning of the conference with the submission of all applicable receipts. To apply for a scholarship, please fill out this form and submit it to the National Center on Shaken Baby Syndrome no later **July 5, 2024**. Applying for scholarships does not guarantee you will receive assistance.

The below fields are required:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Fill in the blanks that apply:**

My (circle one) son/daughter/other \_\_\_\_\_ is an (circle one) SBS/AHT survivor or non-survivor.

I am the guardian/foster parent of a person with SBS/AHT \_\_\_\_\_ Yes \_\_\_\_\_ No

I am a survivor of SBS/AHT \_\_\_\_\_ Yes \_\_\_\_\_ No

Other circumstances that have affected my family due to an incidence of SBS/AHT:

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Please describe volunteer or advocacy service to other victims of SBS/AHT or to the prevention of SBS/AHT. (Applicants should have at least one year of volunteer work. In unable to, please describe why):

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[Type here]

Please describe your financial situation and why you feel you are deserving of a scholarship:

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What are you hoping to learn at the conference?

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**Please indicate the amount in the following categories you will need assistance with:**

Registration	\$ _____	Ground Transportation	\$ _____
Hotel	\$ _____	Meals	\$ _____
Air Transportation	\$ _____	Other	\$ _____

*Total Costs*            \$ \_\_\_\_\_            *(Scholarships Do Not Exceed \$750.00)*

**Names of family members or caregivers planning to attend the conference:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Will you be attending the Family Reception on Monday, September 16<sup>th</sup>, at 5:00 PM?

\_\_\_ Yes \_\_\_ No

If yes, are any who will be attending the reception with your family/group not registered for the conference?

\_\_\_ Yes \_\_\_ No

If yes, how many are not registered for the conference (including children)? \_\_\_\_\_

The following statement must be signed to validate this request:

I am requesting assistance from the National Center on Shaken Baby Syndrome to attend this conference. I agree the funds will be used as described above. The people named will attend the conference. I understand that these funds will not be distributed until arrival at the conference. If unable to attend the conference no funding will be provided, even if travel arrangements cannot be refunded to purchaser.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed form and send to Trachelle Hilton-King, Conference Director, at [thiltonking@dontshake.org](mailto:thiltonking@dontshake.org).