



National Center on Shaken Baby Syndrome

**Twentieth International Conference on Shaken Baby Syndrome/Abusive Head Trauma
September 22, 23 & 24, 2026
Nashville, TN 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 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 copies of all applicable receipts. Award recipient will receive complimentary conference registration. To apply for a scholarship, please fill out this form and submit to the NCSBS no later **June 26, 2026**. Applying for scholarships does not guarantee you will receive assistance.

The fields below 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 SBS survivor

Or non-survivor. Name _____

I am the guardian/foster parent of a person with Shaken Baby Syndrome: Yes: _____ No: _____

I am a person with Shaken Baby Syndrome: Yes: _____ No: _____

Other circumstances that have affected my family:

Please describe any volunteer or advocacy service focused on the awareness and/or prevention of SBS:

Please describe your financial situation and why you feel a scholarship would be beneficial:

What are you hoping to learn at the conference:

Please indicate the estimated amount you will need assistance with:

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 Wednesday, September 23, 2026 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 Twentieth International Conference on Shaken Baby Syndrome/Abusive Head Trauma. I agree the funds will be used as described above. 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 recipient.

Signature

Date

Please submit completed form and send to conference@dontshake.org. Any questions can be directed here as well.