**Washington Food Coalition**

**Conference Scholarship Application**

We would love to have you attend our conference but understand it can be a financial hardship. If you are seeking assistance to attend the Washington Food Coalition’s Annual Conference, please fill out the information below and email it to Kellie McNelly at [KMcNelly@ROOFCommunityServices.org](mailto:KMcNelly@ROOFCommunityServices.org) who is on the Conference Committee. Members of the committee will review your application and will respond to your request as soon as possible.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name | Click here to enter text. | | | | | | Date | | | Click here to enter a date. | |
| Contact Person | Click here to enter text. | | | | Title | Click here to enter text. | | | | | |
| Mailing Address | Click here to enter text. | | | | City | Click here to enter text. | | | | Zip | Click here to enter text. |
| Contact Phone | Click here to enter text. | | | Email | Click here to enter text. | | | | | | |
| **Cost breakdown of what you believe will be your actual costs:** | | | | | | | | | | | |
| Lodging: | Price per night $Click here to enter text. | | # of nights Choose an item. | | | | | # of rooms Choose an item. | | | |
| Name of lodging | Click here to enter text. | | | | Address: Click here to enter text. | | | | | | |
| # of conference attendees | Choose an item. | Have you attended a WFC conference before? Choose an item. | | | | | | | | | |
| Name Click here to enter text. | | | | Title Click here to enter text. | | | | | 1st time attendee | | |
| Name Click here to enter text. | | | | Title Click here to enter text. | | | | | 1st time attendee | | |
| Name Click here to enter text. | | | | Title Click here to enter text. | | | | | 1st time attendee | | |
| Name Click here to enter text. | | | | Title Click here to enter text. | | | | | 1st time attendee | | |
| How much are you requesting? | | | | | | | | | | | |
| Mileage cost: # of miles one-way to conference? Click here to enter text. | | | | | | | | | | | |
| How much can you/your agency contribute to the cost of these expenses? Click here to enter text. | | | | | | | | | | | |
| What is your agencies annual budget? Click here to enter text. | | | | | | | | | | | |
| Is there anything else we should know? Click here to enter text. | | | | | | | | | | | |

Thank you for submitting this application for a conference scholarship. Submitting an application does not guarantee that you will be awarded a scholarship. All funds are dependent on donor contributions.