

# **STIPEND REQUEST FOR EARLY CHILDHOOD CONFERENCE ATTENDANCE FORM – PARENTS OF CHILDREN WITH SPECIAL NEEDS BIRTH THROUGH EIGHT**

Please complete this form and mail or fax the completed Stipend Request for Early Childhood Conference Attendance Form to WVECTCR, 611 Seventh Ave, Suite 322, Huntington, WV 25701. Our fax number is 304-529-2535. Someone will be in touch with you within five working days of receiving the request to acknowledge receipt of form. Applications must be submitted at least 60 days prior to the event. Applications will be reviewed and stipend money will be awarded based on funding availability within 30 days of receiving request. If you have any questions, please contact us at 1-304-529-7603 or 1-888-983-2827.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age of Child(ren) with Special Needs \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date(s) of Conference: \_\_\_\_\_

Title of Conference: \_\_\_\_\_

Describe how this conference relates to you:

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Amount of Money Requested: \_\_\_\_\_ (up to \$100 per person for registration and up to \$100 per family for expenses)

Please provide a tentative detailed budget for the requested amount indicating how the funds are to be spent such as conference registration, lodging, gas, meals, etc.:

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Please attach copies of any information you have regarding this training opportunity and a completed W-9 IRS form. A blank W-9 IRS form can be found at [www.wvearlychildhood.org](http://www.wvearlychildhood.org) if needed.