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**National WIC Association Member Benefit Fund Program  
2019 Biennial NWA WIC Technology, Program Integrity, and Vendor Management Education  
& Networking Conference and Exhibits  
Application Checklist**

**Purpose**

The National WIC Association is offering its members the opportunity to apply for scholarships to NWA's [2019 Biennial NWA WIC Technology, Program Integrity, and Vendor Management Education & Networking Conference and Exhibits](#), September 17-19, 2019, Oklahoma City, OK.

**Eligibility**

- Currently employed WIC agency/clinic staff member.
- Current membership with NWA (this is likely an agency-level membership).

**If you are interested, you will need to:**

- Submit a Member Benefit Fund Application** (attached), which includes approval from your Supervisory Academic Professional/WIC Director or Coordinator to ensure your participation does not interfere with the provision of WIC services.
- Include a Personal Statement** supporting your interest in your participation; what you hope to gain from attending the conference or training and what benefit(s) will your WIC program receive by your participation? We ask that you keep your statement length to 300-500 words.
- You agree to **attend the full conference** (9 am Tuesday, September 17th through 4:30 pm Thursday, September 19th).
- You will need to **retain receipts** for travel reimbursement to include ground transportation (to and from home, airport/train station and hotel) and air carrier luggage fees. You will need to submit an NWA Reimbursement Request form with these travel receipts within 30 days after the conference.
- You will be reimbursed for meals, not provided by NWA (daily breakfast and sponsored meals) at the federal per diem rate. **You do not have to submit receipts for these meals.**
- After the conference, you agree to **submit a synopsis of some high points** of the conference and **one concept, idea or tool that you learned** that you can put into practice. This is to be submitted to NWA within 30 days of the conference.
- To increase your chance of being awarded, **please review your application for completeness and your personal statement for any errors.** You may wish to ask a co-worker review to ensure your ideas are well communicated.

**Please submit your application packet to NWA by close of business Friday, May 31st, 2019 to [MemberBenefitFund@nwica.org](mailto:MemberBenefitFund@nwica.org).**

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED. USE THE CHECKLIST PROVIDED ABOVE TO MAKE SURE YOU SUBMIT A COMPLETE APPLICATION PACKAGE.**

**Scholarships will be awarded as funds are available and based on the number of applications received.**



National WIC Association

Member Benefit Fund Application – [2019 Biennial NWA WIC Technology, Program Integrity, and Vendor Management Education & Networking Conference and Exhibits](#)

Please provide the following information

<b>Agency Name</b>
<b>Agency Type</b> <input type="checkbox"/> State/U.S. Territory (non-ITO) <input type="checkbox"/> ITO <input type="checkbox"/> Local
<b>Agency Location</b> <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
<b>Agency Address</b>
<b>Agency Average Monthly Caseload for 2018</b>

Applicant Contact Information

<b>Name:</b>	<b>Title:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>

Applicant Areas of Interest

What are your specific areas of interest? (Please check all that apply)

- Using EBT Data/Data & Evaluation
- Using Technology for the WIC Participant Experience
- Using Technology to Provide Education
- Using Technology for WIC Staff
- Telehealth
- Program Integrity
- Health Equity
- Online Shopping
- Vendor Management
- Social Media
- Mobile Apps
- EBT/MIS implementation

**Travel/Hotel**

Lodging (indicate number of nights requested. <i>Note: Hotel room nights are limited to September 16<sup>th</sup>-September 20<sup>th</sup></i> )	# of Nights (up to 4) _____
Daily Per diem may include two travel days and 3 full days.	# of Full Days (up to 3) _____
<b>Please note:</b> Air/Train travel will be arranged via NWA travel agent once scholarship is approved.	

**Additional Questions**

**Is this your first time applying for a scholarship with NWA?**

Yes  
 No

**If no, did you receive a scholarship?**

Yes  
 No

**If a scholarship was received, please indicate the type and year?**

Washington Leadership Conference - Year \_\_\_\_\_  
 Annual Education & Training Conference - Year \_\_\_\_\_  
 Biennial NWA WIC Technology, Program Integrity, and Vendor Management Education & Networking Conference and Exhibits - Year \_\_\_\_\_  
 Biennial Nutrition Education & Breastfeeding Promotion Conference and Exhibits - Year \_\_\_\_\_  
 Other \_\_\_\_\_ . Year \_\_\_\_\_

**Have you been to an NWA conference before?**

Yes  
 No

**If yes, which conference(s) have you attended?**

Washington Leadership Conference - Year \_\_\_\_\_  
 Annual Education & Training Conference - Year \_\_\_\_\_  
 Biennial NWA WIC Technology, Program Integrity, and Vendor Management Education & Networking Conference and Exhibits - Year \_\_\_\_\_  
 Biennial Nutrition Education & Breastfeeding Promotion Conference and Exhibits - Year \_\_\_\_\_  
 Other \_\_\_\_\_ . Year \_\_\_\_\_

**Given the number of limited slots, would you be able to attend this conference without a scholarship?**

Yes  
 No



***The information I have provided is accurate. I agree to follow the terms of the guidance document and submit a summary. Should I be unable to participate, I will notify NWA as soon as possible and return any disbursed funds.***

Signature:	Date:
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***Supervisor's/WIC Coordinator's or Director's Support***

Applicant has my approval to participate in this Education Opportunity or Conference.	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Email:</b>



## Personal Statement

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Please write a Personal Statement supporting your interest in attending and what you hope to gain from attending the conference or participating in the conference or educational opportunity. Please keep the length of your response to 300-500 words.



**NWA Office Use - Funding Request Status:**

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Amount \$</b> _____	<input type="checkbox"/> <b>Denied Reason</b>
<b>Member Benefit Fund Chair Name:</b>	<b>Title:</b>
<b>NWA Staff Name:</b>	<b>Title:</b>
<b>NWA Staff Name:</b>	<b>Title:</b>
<b>Applicant Notification Date:</b>	