



## Machine Learning for Health Care Child Care Scholarship Application

This scholarship is intended to facilitate the attendance of individuals who are parents and need assistance with child care while they attend the meeting. To be considered for the scholarship, applicants are to submit an application by July 17th, 2018.

Instructions:

1. Please print clearly the following information. Email the completed application with applicable signatures to [organizers@mlforhc.org](mailto:organizers@mlforhc.org). If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please submit one application for each household. A maximum of \$250.00 per household may be awarded.
3. All attendees who receive a childcare scholarship will be required to provide a receipt, check copy, or other documentation to show that child care expenses were incurred.

### Personal Information:

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

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you registered for the MLHC 2018 Meeting? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many children are traveling with you to the MLHC 2018 Meeting?: \_\_\_\_\_

- I certify that the statements herein are true to the best of my knowledge and grant my permission for the information herein to be shared with the MLHC scholarship selection committee.
- I understand that children are not allowed to attend the MLHC meeting, and that I am responsible for finding childcare in the area of the meeting.
- I agree that MLHC is not liable for any incidents related to my or my family's travel or childcare.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For MLHC Use Only:

Amount awarded: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Board Member or Authorized Representative Signature: \_\_\_\_\_