Note: Scholarship procedures have been established per the NILD Board of Directors and the Accrediting Council for Continuing Education & Training. Thank you for reviewing and following these procedures.

Application Procedures:

- Submit completed course application, course registration payment, and scholarship application
- U.S. taxpayers: Furnish IRS form 1040 (for most recent two years filed – include all W2s including spouse and Schedule A if applicable)
- Scholarship funds are only applied to tuition.
- Applications must be received by March 31.
- If you are not awarded a scholarship your registration fee will be refunded upon request.

Preference will be given to those who:

- Show financial need
- Hold a bachelors and/or masters degree in Education or are currently pursuing an advanced degree in this field of study

(The following apply to Level II and III applicants only)

- Have shown competence in previous NILD courses
- Have exhibited commitment to NILD through
  - NILD Membership
  - Conference attendance
  - Number of students served annually
  - Compliance with NILD-recommended schedules for training
Course: ______________________________

Name: Mr. / Ms. ________________________________ Course Site Requested: ________________

Last First M.I.

Home Address: ____________________________________________________________

Street City State Zip Country

Home Phone: ____________________ Email Address: ______________________________

If Outside US: Stateside Address Stateside Telephone/Contact Name

School (or Private Practice): ________________________________ ________________________________

Name City State

Scholarship Amount Requested (not to exceed 50% of course tuition): ______________________________

1. Explain your need for scholarship assistance. ________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. Comment briefly on your current commitment to and/or understanding of NILD Educational Therapy®
   intervention. ________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. Describe your commitment to/plans for the future growth and development of the NILD model within your
   school or private practice. ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

4. List any academic recognition or honors that you consider relevant (furnish appropriate transcripts),
   and/or comment on your intent to pursue a graduate degree. ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please note the following:

- Scholarship funds are only applied to tuition.
- Applications must be received by March 15.
- Distribution of funds is at NILD’s sole discretion.
- If you are not awarded a scholarship your registration fee will be refunded upon request.

Signature ________________________________ Date ________________________________