

**Transgender Communication and Wellness Conference  
May 22, 2010**



**Scholarship Application**

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

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*\*\*Please place a check above beside the best way to contact you in case you are awarded a scholarship.\*\*\**

Describe your transgender status:  Pre-hormones  Pre-surgical  Post-surgical

When did you first recognize your transgender condition? \_\_\_\_\_

What is the estimated date you will begin FTE: \_\_\_\_\_

In 200 words or less, explain why you should receive a scholarship to cover the conference registration fee: \_\_\_\_\_

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Return completed applications to: UNCG Speech & Hearing Program, Attn: Sena Crutchley, 5900 Summit Ave, #103, Browns Summit, NC 27214. Contact Sena Crutchley at [sdcruch@uncg.edu](mailto:sdcruch@uncg.edu) with any questions.

Completed applications must be received by April 15, 2010. Scholarship awardees will be notified by April 30, 2010. Priority will be given to North Carolina Triad area residents.