

**2025 TCF National Conference Reimbursement Scholarship Application**

**First Name: Last Name: Relationship to Child:**

**Street Address: City: State: Zip code:**

**Email Address: Preferred Phone #:**

**Full Name of Child or Sibling: Boy or Girl:**

**Age: Date of Birth: Date of Death:**

**How long have you been part of TCF:**

**Thank you for your interest in applying for this reimbursement scholarship. Our chapter supports your attendance and hopes you have a positive experience in New Orleans.**

**Requirements: Applicant is to complete this form in its entirety. Upon returning from the conference, we ask that you do two things as a result of receiving a scholarship:**

1. Submit proof of attendance: Flight & Hotel Receipts and Registration Confirmation
2. Either write about your experience for publication in our monthly newsletter or speak about your experience at a chapter meeting.

**Application Due Date:** All submissions must be received no later than **Wednesday, May 15, 2025**.

Please email this completed application form to [tcfnoshoreconnect@gmail.com](mailto:tcfnoshoreconnect@gmail.com)

**Note: This is a reimbursement program and recipients will be awarded on a first come basis.**

We will be awarding up to four $500 scholarships. Our goal is to award the scholarships by May 30th , 2025. All scholarships will be paid as reimbursements after the conference. *Limit of one scholarship per family.*

*Please contact David Paul at* [*tcfnoshoreconnect@gmail.com*](mailto:tcfnoshoreconnect@gmail.com) *with any questions. Thank you!*

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