

THE MEMORY BRIDGE TRAINING RETREAT

Sponsored by Memory Bridge: The Foundation for Alzheimer's and Cultural Memory and the Center on Aging and Community at the Indiana Institute on Disability and Community
June 1 - 6, 2017

Tibetan Mongolian Buddhist Cultural Center, Bloomington, Indiana

Instructions for Scholarship Applicants

Your application should comprise the following items:

- A completed **2017 Scholarship Application Form**
- Your resume. Care partners may choose to submit a paragraph or two about yourself instead of a resume.
- Two completed **Reference Forms** from people familiar with your work or care partnering, for example, a co-worker, friend or relative, supervisor, or family caregiver

1. Please download, print, and complete the Application Form.
2. Print 2 copies of the Reference Form to give to your references to complete.
3. Send the completed application, resume, and 2 forms from your references by post, fax, or e-mail to:

Jane Harlan-Simmons
Indiana Institute on Disability and Community
1905 N. Range Road
Bloomington, IN 47408-9801

jeharlan@indiana.edu
FAX: 812.855.9630

If your references would prefer to send their form directly to us, they may do so.

 **Deadline for receipt of application, resume, and references: January 18, 2017**

4. Second stage of the application: Upon receipt of the complete application materials, applicants will be mailed a 55-minute documentary film in DVD format, and e-mailed a few questions to be answered in writing.
6. Send your response to us by via FAX, e-mail or post (see contact information above).

 Your response to the questions must be received no later than **February 15, 2017**.

7. Applicants will be notified as to whether they have been awarded a scholarship by **March 2, 2017**.

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Early completion of the application allows you more time for shipping and for you to view and respond to the DVD.

For questions about the application process, please e-mail Jane Harlan-Simmons: jeharlan@indiana.edu or telephone her at 812.855.2167.

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2017 SCHOLARSHIP APPLICATION FORM

Name of Applicant _____

Mailing Address _____

City State Country Zip Code

E-Mail Address _____ Telephone _____

please print

[for professionals:] Name of Organization _____ Job Title _____

1. Please tell us why you are interested in attending this training?

2. Please describe your understanding of the mission of Memory Bridge. How would a deeper understanding of Memory Bridge's work enhance your own capacity and commitment to communicating with people with dementia?

Other Comments

[Feel free to use an additional page if needed.]

Applicant Signature _____ Date _____

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2017 SCHOLARSHIP APPLICATION: REFERENCE FORM

This reference is for _____
Name of Applicant

Name of Person Providing this Reference _____

Affiliation/Organization (if applicable) _____ Title _____

E-Mail Address _____ Telephone _____
please print

Memory Bridge is dedicated to ending the social isolation of people with dementia. We pursue our mission by implementing programs and conducting training experiences that reveal how much more emotionally satisfying the lives of people with dementia can be if we are willing to be with them in non-judgmental, empathetically responsive ways. We believe that loving communication can heal what no medicine can cure. *Please note: You may attach an additional sheet if needed.*

- 1. Please tell us how you know the applicant and how long you have known her/him.**

- 2. For the purpose of our 2017 Training Retreat, we are looking for special people across America who can effectively bridge Memory Bridge’s vision to their local communities. What professional and personal qualities of the applicant would you say make him or her an ideal candidate for Memory Bridge’s objective?**

- 3. Please share with us at least one actual experience—involving people with dementia or not—in which the applicant’s “bridge building” abilities were demonstrated.**

[Feel free to use an additional page if needed.]

Signature _____ Date _____

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Please return completed form to the applicant, or send by post, fax, or e-mail (attached scan) to:

Jane Harlan-Simmons	jeharlan@indiana.edu
Indiana Institute on Disability and Community	FAX: 812.855.9630
1905 North Range Road	
Bloomington, IN 47408-9801	