

**2026 Statewide Summit on Aging  
Scholarship Application  
Due August 20, 2026**

**Date**

**Full Name:**

**Organization (if applicable):**

**Job Title or Role (if applicable):**

**Email Address:**

**Phone:**

**Community or City of Residence:**

**Which scholarship are you requesting? Select ONE.**

- ☒ In-Person Registration Scholarship (only registration fee waived)
- ☐ In-Person Travel and Registration Scholarship
- ☐ In-Person Travel, Hotel, and Registration Scholarship
- ☐ Virtual Registration Scholarship

*If you have housing in Anchorage, please do not request hotel coverage. Shuttle service will be provided to and from the hotel. Per diem is NOT included. Breakfast and lunch are provided at the Summit Thursday – Saturday.*

**Which best describes you? (Select all that apply.)**

- ☐ Older adult (65+)
- ☐ Person living with a disability
- ☐ Family caregiver
- ☐ Tribal organization staff or representative
- ☐ Senior center staff or volunteer
- ☐ Health or social service provider
- ☐ Student
- ☐ Community member
- ☐ Other:

**Statement of Need- please share why you are requesting a scholarship? (300 word count)**

**How will attending the Summit on Aging benefit your work, community, or personal advocacy? (300 word count)**

Note: Registration is provided at no cost for adults ages 65 and older and individuals living with intellectual and/or developmental disabilities (IDD).

Save this form with the following file name: First Initial\_Last Name\_Aging Summit

*This form must be completed and submitted to [yasmin.radbod@alaska.gov](mailto:yasmin.radbod@alaska.gov) by August 20, 2026.*

*Selections will be made on the order of the applications received. If you are selected, you will be asked to verify your acceptance of the Scholarship by a specified deadline, which we will provide you. If you do not accept the scholarship by the deadline given to you, your application will be forfeited, and you will be placed on the scholarship waiting list.*