

## SUSAN R.SHAPIRO, MEMORIAL FUND

### BACKGROUND

Susan R. Shapiro, MSW, LICSW, was a long time member of the National Association of Professional Geriatric Care Managers (now Aging Life Care Association™) and the New England Chapter. She served as Chapter Secretary for several terms as well as working on both Chapter and National committees. She also served as a National Board Member and loved the Association, the work that it supports and all the professional colleagues, friends and clients with whom she interacted.

Susan especially loved attending the National conference because of the networking, the education and the great places to visit. She always added days before or after the conference to explore a new area or visit with friends.

Susan was taken from us much too soon after a valiant struggle against ovarian cancer. In her memory, the New England Chapter of the Aging Life Care Association™ voted to establish a fund to support the attendance of an outstanding New England Chapter member attending the annual National ALCA Conference.

Donations are welcome from individual members and groups. The fund is currently under the Chapter's 501(c) (3) designation and donations are tax deductible to the extent permitted by law. This may change if there is any change to the Chapter's legal organization.

### GUIDELINES

1. Applicants may apply for a scholarship to attend the National ALCA Conference. Scholarship support **is up to** the amount of the main conference registration fee. There is no scholarship support for travel, hotel or other expenses.
2. Applicants must be members in good standing of the Aging Life Care Association and their New England Chapter, and must have completed a minimum of ( 2 ) \_\_\_\_ years of membership Applicants will have been in practice for no less than three years and no more than 6 years.
3. Applicants will be considered based on their participation in Chapter activities, their professionalism in the community and their demonstrated

financial need.

4. Applications should be submitted to the Chapter President through the Chapter's address as indicated on the application.
5. All decisions will be made by the Chapter Executive Committee in consultation with Audrey Zabin, founder of the fund. All decisions are final.

### THE SUSAN R. SHAPIRO MEMORIAL FUND APPLICATION

*All information contained in this application will be held in strictest confidence and reviewed by the Chapter Executive Committee and Audrey Zabin only.*

APPLICANT \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Background and statement of need:

1. What is the nature of the need? Please be specific to amount and attach documentation as appropriate.
2. What is your current and past involvement in the Chapter? What future involvement do you envision?

\_\_\_ I attest that the information included in this application is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

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