



RI SERVICE COORDINATOR COLLABORATIVE
Neighborhood Health Plan of Rhode Island
MEMBERSHIP SCHOLARSHIP APPLICATION

Thanks to the generous support of Neighborhood Health Plan of RI, RISCC has funding to offer membership scholarships to RSCs in urban areas who would not otherwise be able to join our organization and attend the valuable trainings and events we offer. Neighborhood has requested that RISCC offer scholarships to RSCs in Providence, Pawtucket, and Woonsocket. Please complete the application below and return it to RISCC Coordinating Committee via mail or fax by Friday, September 30, 2016. Incomplete applications will not be reviewed. Please contact Amy Alba at aalba@dimeoproperties.com or 508-222-3480 if you have questions.

RISCC Coordinating Committee

P.O. Box 9012

Pawtucket, RI 02862

Fax #: 508-222-0311

APPLICANT INFORMATION:

Name: _____

Telephone Number: _____

E-mail Address: _____

Position/Job Title: _____

Agency/Organization Address: _____

Have you ever been a member of RISCC? YES _____ NO _____

If yes, what has changed for you to necessitate a membership scholarship this year?

Applicant Signature: _____

Date: _____

Please answer the questions on the back of this form (you may attach an additional page to answer the questions if needed):

RISCC Membership Scholarship Application

Name: _____ Agency Name: _____

Why do you need financial assistance to join RISCC?

How will becoming a member of RISCC help you better serve your residents and how will it benefit you professionally?

How will you participate as a member of RISCC in helping other RSCs gain knowledge and resources?

SUPERVISOR APPROVAL

***A supervisor must approve that you have been granted permission to attend RISCC trainings and events if granted the scholarship.

Supervisor Name: _____

E-mail Address: _____

Telephone Number: _____

Signature of Supervisor _____