

Today's Date: _____

TRAINING SCHOLARSHIP APPLICATION

| |
|---|
| Scholarship Review: |
| This request has been: |
| <input type="checkbox"/> Approved |
| <input type="checkbox"/> Partially Approved |
| <input type="checkbox"/> Denied |
| Date |

If you have questions or need assistance completing this form, please contact CVAB at the number listed below.

Please tell us about yourself and about the training you are requesting (fill in each category to prevent slowing the process. Thank you).

Name: _____

Daytime Phone: _____ E-mail: _____

Mailing Address: _____

Social Security Number (necessary for proper accounting): _____

Please check all of the following that apply:

- I am an adult consumer of mental health services Yes No
- I am a youth consumer of mental health services Yes No
- I am a parent of a child with a behavioral, emotional or mental disorder Yes No
- I am a board or committee member Yes No

Name of board or committee: _____

I volunteer: If yes, where? _____ Yes No

I am employed at a mental health agency: _____ Yes No

If yes, where and title? _____

I have received support from this fund previously Yes No

If yes, when? _____

Name of Training/Conference _____

Training/Conference Website _____

Training/Conference Dates _____

Training/Conference Location _____

Please enclose a copy of the training brochure or a web address or link to a site where the brochure can be located.

These scholarships are to be used to benefit both you and our community. We expect that you will share what you learn with specific organizations and groups in Clark County. How will you use the knowledge and information you gain from this conference and with whom will you share it?

Scholarships use a daily rate (per diem) to calculate funds. Please complete the following information regarding your travel plans.

Date and time you estimate you will leave to GO to the conference:

Date _____ Time _____ AM PM

Date and time you estimate you will leave to RETURN from the conference:

Date _____ Time _____ AM PM

Transportation: Will you drive? Yes No

If Yes, list all who will ride with you:

Are you interested in carpooling? Yes No

If yes, driver or passenger?

Do you need scholarship funding for:

Registration? No Yes: Amount Requested: _____

Lodging? No Yes: Amount Requested: _____

Meals? No Yes: Amount Requested: _____

(The cost for meals not covered in conference fees are advanced based on current per diem rates)

Travel? No Yes: Amount, if other than automobile: _____

(If you are driving, we will calculate mileage reimbursement at current allowable rate)

Other Expenses? No Yes: Amount Requested: _____

Purpose: _____

Please list your contribution or any other "funding source" because it will be considered in the review process.

I plan to contribute or use \$ _____ of my own money for _____

I have funds from other source(s):

Source: _____ Amount: _____ Purpose: _____

Committed Pledged

Source: _____ Amount: _____ Purpose: _____

Committed Pledged

Signature: _____

You will be notified by the Scholarship Review Team as soon as possible.

Please mail, fax, or e-mail to:

CVAB Scholarship Request PO Box 1707, Vancouver, WA 98668-1707

E-mail: info@cvab.org Phone: 360-397-8050 Fax: 360-397-8059