

# NAMI 2009 Convention

## "Creating a Healthy Future For Us All"

June 6-9, 2009      San Francisco, CA

**Center for Mental Health Services Application for Financial Support**  
 Application deadline: **April 24, 2009**

The Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), is planning on providing financial support to consumers of mental health services who would like to participate in the annual conference sponsored by the National Alliance on Mental Illness. The purpose of the scholarships is to foster transformation of mental health care to focus on recovery. **Please note: To be eligible for this scholarship, a completed application and letter of recommendation must be sent by U. S. mail to SAMHSA and postmarked by April 24, 2009.** Also note these scholarships are contingent on funding and availability.

Conference information is available at: [www.nami.org](http://www.nami.org)  
 If you have questions, you may contact Mr. Speight 240-276-1949 or e-mail: [carlton.speight@samhsa.hhs.gov](mailto:carlton.speight@samhsa.hhs.gov)

**Please PRINT the following information as you would like it to appear on the participants list. PLEASE DO NOT USE ACRONYMS.**

**Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information:**  
**In case of emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Emergency Telephone (\_\_\_\_\_) \_\_\_\_\_

**Demographic Information (optional):**

Gender	Age	Ethnicity	Sexual Orientation	Physical Disability	U. S. Citizen
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 55 <input type="checkbox"/> 56 +	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Other	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Financial Support:**

What type of scholarship support are you seeking? <i>(please check all that apply)</i>
<input type="checkbox"/> Registration Fee <input type="checkbox"/> Hotel <input type="checkbox"/> Per diem <input type="checkbox"/> Ground transportation
Travel costs (please choose one from below)
<input type="checkbox"/> Airfare <input type="checkbox"/> Train <input type="checkbox"/> Car Mileage (mileage is based on Federal Regulations – and must not exceed lowest airfare)
Have you received a scholarship from CMHS to attend this conference in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)? _____

Have you received a scholarship from another sponsor to attend this conference in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State sponsor's name. What year(s)? _____

**Logistics Information:**

Do you have any lodging limitations that would prohibit double occupancy?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State limitation

**Additional Information:**

On a separate piece of paper, please provide the review committee with the following information:

1. What are the reasons you wish to attend the conference?
2. Are you making a presentation at this conference? If yes, please describe.
3. How you will disseminate information obtained at this conference to local or statewide consumer groups?
4. What are the specific issues relating to mental health in which you are most interested?
5. Are you currently involved with any related programs and activities? If yes, please describe.

**Please provide at least one letter of recommendation with your completed application.**

**Scholarship Conditions:**

Please note that to be eligible for this scholarship, you must be a U.S. citizen and a mental health consumer. **If you are selected as a scholarship recipient, a representative from SAMHSA will contact you by June 5, 2009 to discuss travel arrangements.** As a scholarship recipient, you will be asked to do the following:

1. Submit to SAMHSA a 2 to 5 page report in a format provided within 2 weeks of the conclusion of the conference. Your report will be summarized and shared with CMHS, other scholarship recipients, the sponsoring conference organization, and others.
2. Submit to SAMHSA an evaluation in a format provided within 2 weeks of the conclusion of the conference.
3. Submit a travel reimbursement form to SAMHSA within 2 weeks of the conclusion of the conference.
4. Agree to have your name and contact information shared with other scholarship recipients. If you would like to keep your contact information confidential, please contact SAMHSA.
5. Inform SAMHSA as soon as possible, if you are unable to attend the conference or will be delayed in meeting any of the above conditions.

I understand and accept the above requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your completed application and letter(s) of recommendation by U. S. mail to:**

**Carlton Speight, Consumer Affairs Specialist**  
**SAMHSA**  
 1 Choke Cherry Road, Room 2-1002  
 Rockville, MD 20857

If you have questions, you may contact Mr. Speight at the following: phone: 240-276-1949 or e-mail: carlton.speight@samhsa.hhs.gov

**Please note that your complete application must be postmarked by April 24, 2009.**