

NAMI 2008 Convention

Tomorrowland Today: Making Recovery Real

June 13-16, 2008 | Orlando, FL

Center for Mental Health Services Application for Financial Support
Application deadline: February 29, 2008

The Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), through a contract with AFYA, Inc. (AFYA), is 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 received by February 29, 2008.**

Conference information is available at: www.nami.org

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 AFYA will contact you by April 15, 2008 to discuss travel arrangements.** As a scholarship recipient, you will be asked to do the following:

1. Submit to AFYA 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 AFYA an evaluation in a format provided within 2 weeks of the conclusion of the conference.
3. Submit a travel reimbursement form to AFYA 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 AFYA.
5. Inform AFYA 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 to:

Jackee Williams, CMP, Senior Conference Manager
AFYA, Inc.
8101 Sandy Spring Road, Suite 301
Laurel, MD 20707
Phone: (301) 957-3040, ext. 263
Fax: (301) 497-9902
E-mail: jwilliams@afyainc.com

Please note that your complete application must be received by AFYA by February 29, 2008