



John Freeburg Annual State Conference Scholarship
Mental Health at the Intersections
September 28-29, 2018

Yakima Convention Center & Red Lion Hotel Yakima

APPLICATIONS DUE BY AUGUST 17, 2018 – 5:00 PM

*Directions for Applicant: Complete information on both sides of the application. Financial information is located on the other side so the application can be **signed by the Affiliate Leader** without disclosure of financial information. If the application is not completed in full it will not be considered. Return application via email or USPS to: Lauren Simonds – Lsimonds@namiwa.org or NAMI Washington, 1107 NE 45th St., Suite 230, Seattle WA 98105.*

Scholarship FAQs

- **WHO CAN APPLY FOR A CONFERENCE SCHOLARSHIP?**
 - Any NAMI Washington member in good standing; this means NAMI dues are up-to-date; remember, all Washington affiliate members are automatically members of NAMI Washington, it is not separate.
- **WHAT WILL THE SCHOLARSHIP COVER?**
 - Scholarship can be applied to cover registration, hotel rooms, and travel.
- **WILL I RECEIVE A SCHOLARSHIP FOR THE FULL AMOUNT OF MY REQUEST?**
 - NAMI Washington does its best to cover as much as we can for each request, but funding for the full amount of each request is not guaranteed.

Applicant Information (one application per person, if multiple requests per family a separate application must be submitted for each person)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

IS YOUR ACCESS TO MAIL, EMAIL OR PHONE THROUGH ANOTHER PERSON? Yes No

YOUR AFFILIATE: _____

I AM A MEMBER IN GOOD STANDING WITH MY AFFILIATE (PAID CURRENT DUES)? Yes No

PLEASE DESCRIBE YOUR INVOLVEMENT WITH YOUR AFFILIATE OR WITH NAMI WASHINGTON, INCLUDING ANY LEADERSHIP ROLES (USE ADDITIONAL PAPER AS NEEDED)

AFFILIATE AFFIRMATION: By signing this form I attest to the applicant's statements of involvement with the Affiliate. (To be signed by the Affiliate President or the Affiliate Executive Director)

Printed Name: _____

Signature: _____

AFFILIATE LEADER NAME

AFFILIATE LEADER SIGNATURE

Financial Information

Monthly Gross Income	\$
Estimated Monthly Expenses	
Housing	\$
Medical	\$
Other monthly obligations such as loans, etc	\$
Other:	\$
Estimated Monthly Net Income	\$

What unusual financial circumstances would affect your need for a scholarship?

2018 State Conference Scholarship Request

Scholarships may be used towards covering the costs associated with conference registration, lodging and travel.

Lodging: All scholarship recipients receiving funds towards lodging will be asked to share a hotel room with another scholarship recipient. Occasional exceptions may be made on a case-by-case basis depending upon special circumstances; if you would like to discuss please email Lauren at Lsimonds@namiwa.org or call her at 206.971.1595.

Conference Registration: \$150 - The registration fee includes materials, Friday dinner, Saturday breakfast, lunch, and closing reception.

Travel: When completing the travel area in the chart below, please estimate your costs to the best of your ability. If using a personal vehicle the mileage reimbursement rate will be \$.28/mile.

Area	Cost	Request	(for office use only)
Registration	\$150.00	<input type="checkbox"/> \$150	
Hotel (all scholarship hotels rooms are double occupancy rooms)	\$56.05/night per person double occupancy	<input type="checkbox"/> \$56.05 Friday, September 28th	
Travel: please share anticipated method and cost of travel; mileage is reimbursed at \$.28/mile	METHOD:	\$ _____	
TOTAL SCHOLARSHIP REQUEST		\$	

By signing this form, I confirm that all the above information is truthful

PRINTED NAME

SIGNATURE

DATE: _____