



Minnesota Association of Community Mental Health Programs, Inc.

Improving quality through public policy, advocacy, and member services

Scholarship Application Form

Community Mental Health Annual Conference

September 23 - 25, 2009

DECC ♦ Duluth, MN

We offer a limited number of scholarships to local mental health advisory committee members, consumer/family advocates or students. The scholarship is intended to help people who would not be able to attend without some assistance; this may not be used to cover staff. The MACMHP scholarship covers the cost of the conference registration only, but if you need further assistance to be able to attend it is important that you indicate exactly what you need below.

1. Please attach a brief summary explaining why the person listed below should receive a scholarship.

Submitted by _____ Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Scholarship Applicant (if different from above) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

2. Does the applicant have involvement or a relationship with a MH system, MH advisory committee, or community MH providers? (consumers/advocates involved with improving the system get priority)

____ No, applicant does not have involvement and/or a relationship with MH providers, systems or committees.

____ Yes, the applicant is involved/has a relationship with the following:

Name of organization _____

Description of involvement/relationship _____

Please print the full name of someone we may contact to endorse/confirm involvement/relationship.

Name _____ Phone (_____) _____

3. Please select only one of the following that you plan to attend (place an "X" on the line).

(PCI = Pre-conference Institute)

____ Conference (3 days)

____ Conference + 2 PCI

____ Wednesday PM only

____ Thursday only

____ Friday only

____ Conf. + Wednesday PCI

____ Conference + Tuesday PCI

____ Tuesday PCI only

____ Wednesday PCI only

4. If you are offered a scholarship will you need additional expenses covered in order to attend?

____ No, I am able or can find funding on my own to pay for additional expenses

____ Yes, I will need additional funding to cover the following:

____ Meals & lodging ____ Meals only ____ Lodging only

Please return this form to: The Minnesota Association of Community Mental Health Programs
1821 University Ave. W., Suite 307-South, St. Paul, MN 55104 or FAX to (651)645-1399

Respond no later than September 4, 2009.