Mental Health America 2017 Annual Conference

Sex, Drugs, and Rock & Roll

June 14-16, 2017 Alexandria, VA

Application deadline: May 29, 2017

Please fill out and complete all areas of the application form. Submission of an application does not guarantee a scholarship. Scholarships are limited and each application will be reviewed for completeness and impact of individual participation on local community.

Please Note: To be eligible for this scholarship an individual must identify as a peer, mental health consumer, or recipient of mental health services. Applications will not be accepted past the *deadline, no exceptions.*

Conference information is available at www.mentalhealthamerica.net/annualconference

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

*Are you an U. S. citizen (please circle one) Yes or No

*Contact Information

Name	Title	
Organization/Agency		
Mailing Address		
City	State	Zip
Telephone ( )	Fax ( )	Alternate Telephone ( )
E-mail	Alternate E-Mail	

Emergency Contact Information

Name	Relationship	
Organization/Agency		
Home Mailing Address		
City	State	Zip
Home Telephone ( )	Work Telephone ( )	Emergency Telephone ( )

Demographic Information

Gender	Sexual Orientation	Age	Ethnicity	Physical Disability
❒ Male	❒ Heterosexual	❒ 17 and under	❒ Asian/Pacific Islander	❒ Yes
❒ Female	❒ Gay	❒ 18-26	❒ American Indian	❒ No
❒ Transgender	❒ Lesbian	❒ 27-39	❒ Black	
	❒ Bisexual	❒ 40-55	❒ Hispanic	
		❒ 56+	❒ White	
			❒ Other	

*Financial Support & Additional Questions		
Travel costs (please choose one preference from below)		
❒ Airfare	❒ Train	❒ Car Mileage
Have you received a scholarship to *this* conference in the past five years?		
❒ No	❒ Yes	If yes, what year? _____
Do you work for a Mental Health America affiliate?		
❒ No	❒ Yes	If yes, what is your role?

*Additional Information

On a separate piece of paper, please provide answers to the following questions.

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

*Signature _____ Date _____

Please email your completed application to:

Laqwanda Roberts-Buckley
Outreach Manager- Mental Health America
lrbuckley@mentalhealthamerica.net

Required fields