Consumer Scholarship Information
Co-Occurring Disorders and Treatment Conference
October 16 & 17, 2017
Yakima Convention Center
Yakima, WA

Application Criteria

* Identifies as being a person or family member of a person affected by mental illness and substance use disorder and live in Washington State at the time of application and conference date. **No out of state applications will be considered.**

* Applicants receiving the scholarship are encouraged to share information gained while attending the conference. Information gained at the conference may be shared at community forums, provider agencies, clubhouse, drop-in center, 12 step programs, or other recovery venue.

* Applicants receiving the scholarship are encouraged to ask one or more sources such as the BHO, or other agency for some or all of the costs associated with attending the conference (lodging, travel, food, etc).

* All applications must contain all required documents completely and correctly filled out and submitted to Ruth Leonard at Division of Behavioral Health and Recovery, PO Box 45330, Olympia WA 98504, faxed to 360-725-2280 or via email at leonamr@dshs.wa.gov **no later than 5:00 p.m. on Friday, August 18, 2017.** You will be notified via email by Thursday, August 31, 2017 regarding your scholarship status.
* All applications must include all attachments completed in full or the scholarship materials will be returned.

* Expectations as a scholarship recipient: you are expected to attend the conference each day and participate fully in the conference by attending the keynote pretentions and workshops, failure to do so may disqualify you for future scholarship opportunities.

* Cancelations -must submit notice immediately if you are unable to attend once scholarship has been awarded or risk disqualification for future scholarship opportunities.

* No shows are automatically disqualified for a scholarship the following year.

Due to the large number of applications submitted late or incomplete applications will NOT be considered.

* For assistance in completing the application, please call Ruth at 360-725-3742.
*** FAX Number: 360-725-2280**

Consumer Scholarship Application
All information must be completed and submitted by Friday, August 18, 2017 by 5 p.m.
Please note all documents must be signed and complete or your application cannot be accepted.

First Name:_____

Last Name:_____

Agency/organization/Affiliation:_____

Address:_____

City:_____ State: _____Zip:_____

Phone Number:_____

E-mail Address:_____

Are you an individual or family member that is a **WA State resident** affected by co-occurring substance abuse disorder/mental illness? ☐ Yes ☐ No

Have you attended the Co-Occurring Disorders and Treatment Conference on a scholarship in the past?
☐ Yes ☐ No ☐ Not Sure

Employment Level:
☐ Student/Intern
☐ Administrative
☐ Professional
☐ Peer Support
☐ Management
☐ Director/Executive
☐ Consumer

Primary Employment Type(s)

☐ Aging and Adult Services
☐ Child Welfare
☐ Developmental
☐ Mental Health
☐ Veteran
☐ Substance Use Disorder
☐ Corrections
☐ Education
☐ Student
☐ Other

Conference Attendance: Please choose the appropriate answer in regards to how many years, including this year, you have attended this conference.

☐ This is my first conference
☐ 2-5 Years
☐ 6-12 Years
☐ 13-20 Years
☐ 21-26 Years
☐ 27 or more years

How did you hear about the Co-Occurring disorders and Treatment Conference?

☐ Save the date Email
☐ DSHS/BHSIA Website
☐ Referral
☐ Co-Occurring Disorders Website
☐ UNR Website
☐ Other

Would you like to receive future emails about conferences?

☐Yes ☐No

Dietary Restrictions:

☐ Vegetarian
☐ Dairy Free
☐ Nut Free
☐ Vegan
☐ Gluten Free
☐ NA

Note: there may not be an alternative for every item served but dietary restrictions will be considered in meal planning. If your diet is severely restrictive you may want to consider bringing some of your own food as the conference committee cannot be responsible to ensure your dietary needs are met.

Accommodations (Please specify only ADA needs (sign language interpreter, wheelchair access, etc.):

I agree to allow sponsors and affiliates of this conference to contact me regarding news and announcements at my email address provided.

☐Yes ☐No

Photo Release

By registering for the 2017 Co-Occurring Disorders and Treatment Conference, I hereby agree to the use of my photograph, name and/or likeness in any recorded sessions.
Please check that you have read and understand the photo release policy.

Please Check Requested Resources:

☐ Lodging ☐ Food ☐ Transportation Stipend Own Transportation
☐Transportation Gray Hound Bus ☐ Registration Stipend

In requesting lodging please be aware that cancelation is required to avoid the expense of that room. Each individual requesting lodging is expected to utilize that room for the nights requested or provide timely cancelation.

Have you asked another resource for funding?
☐ BHO ☐ United Way ☐ Family ☐ Provider agency ☐ Other

I would like to receive CEHs.
☐ Yes ☐ No

Request for Additional Accommodations:
(If you need assistance with required forms please request assistance.)

Please sign that you have read and understand your responsibility as a scholarship awardee:

Signiture:_____

CLEAR FORM