National Alliance on Mental Illness 2013 National Convention

"Together We Can Make A Difference"

June 27-30, 2013 San Antonio, TX

Center for Mental Health Services Application for Financial Support

Application deadline: **April 4, 2013.**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), through a contract with Westover Consultants, Inc. (Westover), and AFYA, Inc. (AFYA), is providing financial support to consumers of mental health services who wish to participate in the NAMI 2013 National Convention. SAMHSA reserves the right to cancel scholarships at any time. The purpose of this scholarship is to foster the transformation of mental health care to focus on recovery. **Please Note: To be eligible for this scholarship, a completed application must be received by U.S. Mail, postmarked on or before the deadline of April 4, 2013.** Applications will not be accepted past the deadline. SAMHSA reserves the right to decline incomplete applications. **NO FAXED OR E-MAILED SUBMISSIONS WILL BE ACCEPTED.**

Conference information is available at www.nami.org/convention

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 (optional)				
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		
Travel costs (please choose one preference from below)		
❒ Airfare	❒ Train	❒ Car Mileage
Have you received a CMHS scholarship to *this* conference in the past two years?		
❒ No	❒ Yes	If yes, what year? _____

*Additional Information

On a separate piece of paper, please provide the review committee with your 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 convention?
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?

Please provide at least one letter of recommendation with your completed application.

(A letter of recommendation can be provided by anyone you choose and must include why they feel you deserve to attend the convention and your name.)

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 **will contact you via e-mail and mail by May 7, 2013, to discuss logistical arrangements**. The scholarship will pre-pay the convention registration fee, hotel expenses (based on double occupancy), airfare, and per diem (daily allowance for meals and incidental expenses). Ground transportation and one piece of checked luggage will be reimbursed at the conclusion of the conference. In order to provide as many scholarships as possible, we ask that you be willing to share a room with another scholarship recipient.

As a scholarship recipient, you will be asked to do the following.

1. Submit a 2- to 5-page report, in a format provided, within 2 weeks of the conclusion of the convention. Your report will be summarized and shared with SAMHSA, other scholarship recipients, the sponsoring convention organization, and others.
2. Submit a completed evaluation form within 2 weeks of the conclusion of the convention. The form will be provided.
3. Submit a completed travel reimbursement form within 2 weeks of the conclusion of the convention. The form will be provided.
4. Share a room with another person during the convention.
5. 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 the scholarship conference manager once you have been awarded the scholarship.
6. Inform the scholarship conference manager, as soon as possible, if you are unable to attend the conference or will be delayed in meeting any of the above conditions.

*Signature _____ Date _____

Please submit your completed application to:

SAMHSA Scholarships
c/o Jamila Henderson
3803 N. Fairfax Drive, Ste. 100
Arlington, VA 22203
Phone: 703-524-7600 Ext. 7967

Please note that in order to be considered for a scholarship, your completed application must be received via **U.S. Mail,** and be postmarked on or before the **deadline of April 4, 2013. NO FAXED OR E-MAILED SUBMISSIONS WILL BE ACCEPTED.** *If you would like confirmation of receipt, please include a self addressed postcard with postage included.*

**Required fields*