

# Depression and Bipolar Support Alliance (DBSA) 2010 National Conference and Chapter Leadership Forum

Celebrating 25 Years of Peer Support • April 29 – May 2, 2010

Eaglewood Resort & Spa • Itasca, IL

## Center for Mental Health Services Application for Financial Support

Application deadline: February 12, 2010

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 Annual Conference and Chapter Leadership Forum sponsored by the Depression and Bipolar Support Alliance. 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 February 12, 2010. *NO FAXED OR E-MAILED SUBMISSIONS WILL BE ACCEPTED.***

Conference information is available at [www.DBSAlliance.org/conference2010](http://www.DBSAlliance.org/conference2010) or by calling (800) 826-3632.

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

### Contact Information

Name \_\_\_\_\_ Organization/Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_

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

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Emergency Telephone (\_\_\_\_\_) \_\_\_\_\_

### Demographic Information (optional)

Gender	Age	Ethnicity	Physical Disability
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> 17 and under <input type="checkbox"/> 18–26 <input type="checkbox"/> 27–39 <input type="checkbox"/> 40–55 <input type="checkbox"/> 56+	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Financial Support

Travel costs (please choose one from below)
<input type="checkbox"/> Airfare <input type="checkbox"/> Train <input type="checkbox"/> Car Mileage
Have you received a CMHS scholarship to attend a DBSA conference in the past?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)? _____

## Additional Information

On a separate piece of paper, please provide the review committee with your answers to the following questions.

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

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

## 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 from AFYA will contact you by March 19, 2010, to discuss logistical arrangements. Scholarships cover the conference registration fee, hotel expenses (based on double occupancy), ground transportation, airfare, and per diem (daily allowance for meals and incidental expenses). 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 to AFYA, in a format provided, within 2 weeks of the conclusion of the conference. Your report will be summarized and shared with CMHS, other scholarship recipients, the sponsoring conference organization, and others.
2. Submit a completed evaluation form within 2 weeks of the conclusion of the conference. The form will be provided.
3. Submit a completed travel reimbursement form within 2 weeks of the conclusion of the conference.
4. Share a room with another person during the conference.
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.
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:**

**Jackee Williams, CMP  
Senior Conference Manager  
AFYA, Inc.**

8101 Sandy Spring Road, Suite 301  
Laurel, MD 20707  
Phone: (301) 957-3040, ext. 263

Please note that in order to be considered for a scholarship, your completed application must be received by AFYA via U.S. Mail, and be postmarked on or before the deadline of February 12, 2010. NO FAXED OR E-MAILED SUBMISSIONS WILL BE ACCEPTED.