



California's protection & advocacy system

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ALTERNATIVES 2017 CONFERENCE SCHOLARSHIP APPLICATION

"Building Healing Communities Together"

APPLICATION DEADLINE May 31, 2017

Name: (enter here)

Phone: (enter here)

Address: (enter here)

City: (enter here)

State:

Zip:

Email: (enter here)

Please return your completed application form to:

Disability Rights California

Attn: Vicki Bass

1330 Broadway, Ste. 500

Oakland, CA 94612

Vicki.Bass@disabilityrightsca.org

Tel: (510) 267-1218 ~ TTY: (800) 719-5798 ~ Fax: (510) 267-1201

Preference will be given to individuals who:

need financial assistance in order to attend the conference;

have not attended an Alternatives Conference before;

have participated in a Disability Rights California Self-Advocacy Group; or

- who reside in rural counties.

Please respond to each question below.

1. Why would you like to receive an Alternatives Scholarship: (enter answer here)
2. Tell us something about your background, including personal lived experience, groups you belong to, and mental health advocacy activities in which you participate: (enter answer here)
3. If you are selected to receive a scholarship, how will you share the information you learn at the conference with in your community, particularly others individuals with mental health disabilities and those residing in facilities? (enter answer here)
4. Have you attended a Peer Self-Advocacy Group lead by Disability Rights California staff? If so, which group and when? (enter answer here)
5. Have you submitted a proposal for a workshop at the Alternative's 2016 Conference? If so, was your proposed workshop accepted? (enter answer here)
6. If you are selected for a scholarship, are you willing and available to provide feedback to the PAIMI Advisory Council, either by phone or in

person, about what you learned and how the conference impacted you? (check one)

Yes No

If no, why? (enter answer here)

7. Have you ever attended an Alternative Conference before? (check one)

Yes No

8. Would you be able to afford to attend the Alternatives Conference without this scholarship? (check one)

Yes No

9. Are you currently working for an organization that provides similar educational opportunities?(check one)

Yes No

(Optional) Check here if you belong to an ethnic community or a traditionally underserved community, such as mental health consumers who also have physical disability, hearing impairment, vision impairment, senior, and/or identify as LGBT. Specify which category(s) you belong to:

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