



**Minnesota Association of Community Mental Health Programs, Inc.**

Improving quality through public policy, advocacy, and member services

**Scholarship Application Form**

Community Mental Health Annual Conference

September 29 - October 1, 2010

DECC ♦ Duluth, MN

We offer a limited number of scholarships to local mental health advisory committee members, consumer/family advocates or students. The scholarship is intended to help people who would not be able to attend without some assistance; this may not be used to cover staff. The MACMHP scholarship covers the cost of the conference registration only, but if you need further assistance to be able to attend it is important that you indicate exactly what you need below. Only complete applications will be considered.

**1. Please attach a brief summary explaining why the person listed below should receive a scholarship.**

Submitted by \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Scholarship Applicant (if different from above) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**2. Does the applicant have involvement or a relationship with a MH system, MH advisory committee, or community MH providers?** (consumers/advocates involved with improving the system get priority)

\_\_\_\_ No, applicant does not have involvement and/or a relationship with MH providers, systems or committees.  
\_\_\_\_ Yes, the applicant is involved/has a relationship with the following:

Name of organization \_\_\_\_\_  
Description of involvement/relationship \_\_\_\_\_

Please print the full name of someone we may contact to endorse/confirm involvement/relationship.

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**3. Please select only one of the following that you plan to attend (place an "X" on the line).**

(PCI = Pre-conference Institute)

- |                            |                               |                  |
|----------------------------|-------------------------------|------------------|
| ____ Conference (3 days)   | ____ Conference + 2 PCI       |                  |
| ____ Wednesday PM only     | ____ Thursday only            | ____ Friday only |
| ____ Conf. + Wednesday PCI | ____ Conference + Tuesday PCI |                  |
| ____ Tuesday PCI only      | ____ Wednesday PCI only       |                  |

Please return this form to: The Minnesota Association of Community Mental Health Programs  
1821 University Ave. W., Suite 307-South, St. Paul, MN 55104 or FAX to (651)645-1399

**Respond no later than September 1, 2010.**