

Northeast Regional Community Support Program **Scholarship* Application Guidelines**

To Apply:

- Applicants must submit a 50 word or more outline of their involvement in the consumer movement.
- Applicants must submit a 25 word or more essay detailing why they should be selected to receive a conference scholarship.
- Applicants must have one of their Local CSP Co-Chairs and one Regional CSP Co-Chair sign the application.
- Applicant must agree to attend at least 80 % of conference workshops.
- Applicants must write legibly and accurately complete the entire application.

Failure to fulfill the above guidelines will result in the rejection of the application.

After the conference:

- Applicants must complete an evaluation of the PMHCA Conference.
- Applicant must return the conference evaluation to the Northeast Regional CSP Technical Assistant by July 6, 2010.

Failure to fulfill the above guidelines will result in the applicant's restriction from applying for a CSP Scholarship for a period of two years.

* The scholarship covers the cost of the conference registration only. Hotels costs and transportation are the responsibility of the individual.

CSP SCHOLARSHIP APPLICATION

SCHOLARSHIP FUNDS ARE AVAILABLE TO GO TO THE PMHCA CONFERENCE!!

Please print out these forms and complete by printing or typing, and mail to:

Lynn Houseknecht, The Advocacy Alliance, 116 S. Claude A. Lord Blvd., Pottsville, PA 17901

Please return the completed form by March 19, 2010.

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|--|---|--|--|
| Last Name, First Name, Middle Initial | | Date | CSP County |
| Street Address | | Phone (Area Code) | E-mail Address |
| Name of County you currently reside in | Do you attend Local CSP Meetings: YES <input type="checkbox"/> NO <input type="checkbox"/> | Would you like more Local CSP information: YES <input type="checkbox"/> NO <input type="checkbox"/> | Have you ever attended a Regional CSP Meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Conference/Seminar you are requesting to attend: | | | Date of Conference |
| Do you need transportation assistance: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Please describe in 50 words or more your involvement in the consumer movement. Please attach additional sheets if needed. | | | |
| Please describe in 25 words or more why you should be selected to receive a scholarship. Please attach additional sheets if needed. | | | |

Application must be signed by the Scholarship Applicant and a Regional and Local CSP Chair or designee.

(Your signature)

(Regional CSP chair or designee)

(Local CSP chair or designee)

Regional Co-Chair Contact Information

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