

Alternatives 2009 Conference
“Uniting Our Movement for Change”
October 28 – November 1, 2009, in Omaha, Nebraska
Center for Mental Health Services Application for Financial Support
 Application deadline: June 5, 2009

The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Support, Technical Assistance and Resource Center (STAR Center) are planning to provide financial support to consumers of mental health services who wish to participate in the 2009 Alternatives Conference. The conference host is the National Mental Health Consumers’ Self-Help Clearinghouse. A purpose of the conference is to foster transformation of the mental health system to focus on recovery. Please note: To be eligible for this scholarship, a completed application and letter of recommendation must be received by U.S. Mail, postmarked on or before the deadline of June 5, 2009. NO FAX OR E-MAIL SUBMISSIONS WILL BE ACCEPTED. Also note that these scholarships are contingent on funding and availability.

Conference information is available at http://www.mhselfhelp.org/news/view.php?news_id=517 or by calling 800-553-4539.

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

Contact Information:

Name _____ Title _____

Organization/Agency _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ E-mail _____

Alternate E-mail _____

Emergency Contact Information:
In case of emergency, please contact:

Name _____ Relationship _____

Organization/Agency _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Emergency Telephone (_____) _____

Demographic Information (optional):

Gender	Age	Ethnicity	Sexual Orientation	Special Needs	U.S. Citizen
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 55 <input type="checkbox"/> 56 +	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Other	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender	Physical Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Support:

What type of scholarship support are you seeking? <i>(Please check one.)</i>
<input type="checkbox"/> Full <input type="checkbox"/> Partial <i>(I have partial support from another sponsor.)</i>
What type of funding are you seeking? <i>(Please check all that apply.)</i>
<input type="checkbox"/> Registration Fee <input type="checkbox"/> Hotel <input type="checkbox"/> Per Diem <i>(daily allowance for meals and incidental expenses)</i> <input type="checkbox"/> Ground Transportation
Travel Costs <i>(Please choose one from below.)</i>
<input type="checkbox"/> Airfare <input type="checkbox"/> Train <input type="checkbox"/> Car Mileage <i>(Mileage is based on Federal Regulations – and must not exceed the lowest airfare.)</i>
Have you received in the past a scholarship from CMHS to attend this conference?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what year(s)? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is this your first time attending the Alternatives conference?
Have you received in the past a scholarship from another sponsor to attend this conference?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the sponsor's name. For what year(s)? _____

Logistics Information:

Do you have any special needs that would prohibit double occupancy?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list any special needs. _____

Additional Information:

On a separate piece of paper, please provide the review committee with the following information:

1. Why do you wish to attend the conference?
2. Are you making a presentation at this conference? If yes, please describe.
3. How will you disseminate information obtained at this conference to local or statewide consumer groups?
4. What are the specific issues relating to mental health in which you are most interested?
5. Are you currently involved with any related programs and 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, you will be contacted by August 7, 2009, to discuss travel arrangements.** As a scholarship recipient, you will be asked to do the following:

1. Submit, within 2 weeks of the conclusion of the conference, a 2- to 5-page report in a format that you will be provided. Your report will be summarized and shared with CMHS, other scholarship recipients, the sponsoring conference organization, and others.
2. Submit, within 2 weeks of the conclusion of the conference, an evaluation in a format you will be provided.
3. Submit, within 2 weeks of the conclusion of the conference, a travel reimbursement form.
4. 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 SAMHSA.
5. Inform SAMHSA **IMMEDIATELY** if you are unable to attend the conference or if you will be delayed in meeting any of the above conditions.

Signature _____ Date _____

Please submit your completed application and letter(s) of recommendation **BY US MAIL ONLY** to:

Carlton Speight, Consumer Affairs Specialist
SAMHSA, 1 Choke Cherry Road, 2-1002, Rockville, MD 20857
Please note that your complete application must be postmarked on or before June 5, 2009.
For additional information, contact Carlton Speight at (240) 276-1949.

