

DETAILS

Conference Logistics: The Real Voices Real Choices Conference will be Sunday, August 30 – Tuesday, September 1, 2020 at Margaritaville Lake Resort in Osage Beach, MO. For more information please visit: http://www.missourimhf.org/?page_id=1828

Scholarship Includes: If you are awarded a scholarship, your registration will be covered. Your registration includes all conference materials and activities, your hotel room on August 30th and 31st at Margaritaville Lake Resort and four meals. Travel arrangements, all other meals and personal expenses are the responsibility of the scholarship recipient.

NOTE: Personal Care Attendants (PCAs) are **REQUIRED** to share a room with their client as they are covered by the client registration. For more information on this topic please refer to the Frequently Asked Questions (FAQs) document on the conference website or contact the Conference Coordinator.

ONLY MISSOURI RESIDENTS WILL BE CONSIDERED FOR A SCHOLARSHIP

APPLICATION TIMELINE:

- **April 15th** – Scholarship application **DUE**. ***No late applications will be accepted.***
- **NEW - May 15th** – Notification of denial will be sent via email. If your application is approved, then conference staff will call you to schedule a time to complete registration. **Therefore, it is extremely important that you provide us with a working email address and telephone number.**
- **NEW - May 15th through June 15th** - Conference staff will call you to complete registration. If staff is unable to reach you for registration purposes, then your scholarship will be **forfeited** - Sorry, **NO EXCEPTIONS.**
- **NEW - Unless you have notified the Conference Coordinator on or before Wednesday 8/26/20, all attendees **MUST arrive at the hotel no later than 7pm on Sunday, August 30th**.** Anyone arriving after 7pm on Sunday, August 30th will have their room reservation cancelled and it will be the individual's responsibility to work with hotel staff to secure another room upon arrival, **based on availability**. The cost of the room **WILL** still be covered by your scholarship.

SCHOLARSHIP ELIGIBILITY

Scholarship funding comes from a variety of sources. Please identify your primary treatment category (*select only one*):

- Mental Illness (MI)** – Mental Illness, also called mental health disorders, refers to a wide range of mental health conditions – disorders that result in significant changes in thinking, emotion and/or behavior and result in distress and/or problems functioning in social, work or family activities. Examples of mental illness include depression, anxiety disorders, schizophrenia, PTSD, eating disorders, etc.
- Developmental Disability (DD)** – An intellectual and medical disorder which has serious widespread effects on individuals beginning in childhood. Examples include: Intellectual Disabilities, Autism Spectrum Disorders, Childhood brain injuries, and Genetic Disorders.
- Substance Use Disorder (SUD)** – A pattern of substance use leading to clinically significant impairment or distress.
- Family Members or PCAs** – individuals who have a family member or PCAs who have a client with a developmental disability, mental illness, or substance use disorder as defined above. **Please enter the primary treatment category (MI, DD, or SUD – refer to the descriptions above) associated with your family member/client here: _____ MI _____ DD _____ SUD**

Note: *There are a limited number of scholarships available. Applying for a scholarship does NOT guarantee acceptance. If a scholarship is awarded, you will need to proceed to the next step of working with the Conference Staff in preparing your conference registration.*

CONTACT INFORMATION**INDIVIDUAL CONTACT INFORMATION**

<u>First Name:</u>		<u>Last Name:</u>	
<u>Street Address:</u>			
<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Email Address:</u>			<u>Phone Number:</u> ()

GROUP CONTACT INFORMATION

Will you be attending with a group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Group Name:</u>	
<u>Name of Group Contact:</u>	<u>Contact Phone Number:</u> ()
<u>Email Address of Group Contact:</u>	

SCHOLARSHIP APPLICATION

1. Have you ever attended this conference? Yes No

2. Have you previously received a scholarship? Yes No

If you answered Yes, how many years have you received a scholarship?

1-3 years

4-6 years

7 or more years

3. What is your average annual household income?

Less than \$10,000

\$11,000-\$25,000

\$26,000-\$50,000

\$50,000 or more

4. Are you sharing a room with another attendee? Yes No

Name of Roommate (if applicable):

Roommate's Phone Number:

5. What is your primary reason for attending (choose ONLY one)?

Networking and Connection

Vacation and Time Away

Education and Support

Empowerment and Advocacy

GROUP CONTACTS PLEASE NOTE: Response must be unique by client and not copied and pasted from person to person in order to be considered for a scholarship

6. Explain in your own words why you are interested in attending the conference?

7. How will you use the information you obtain at the conference in your local community?

If you have additional questions, you may contact the Conference Coordinator, Kristina Cannon, by emailing consumerconference@dmh.mo.gov OR calling (573)751-3143.

Forms can be sent via:

- Mail:** Missouri Department of Mental Health
Attn: Real Voices Real Choices Conference
1706 E. Elm Street
Jefferson City, MO 65101
- Fax:** 573-526-7926
Attn: Real Voices Real Choices Conference
- E-mail:** consumerconference@dmh.mo.gov

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