

# Families Together in New York State Annual Conference

April 25-26, 2010



*Empowering, Engaging, and Enlightening:  
Sharing the Family Voice to Build Stronger Communities*

## FAMILY MEMBER SCHOLARSHIP APPLICATION

### CRITERIA

As in previous years, Families Together in New York State encourages the empowerment of children and youth with social, emotional, and behavioral challenges and their families by offering scholarships to the Annual Conference. Family members and youth exemplifying qualities as leaders and advocates in their communities are encouraged to apply. Please read the following criteria for scholarship consideration prior to filling out this form. The scholarship applicant must:

- Be a family member of a child or youth with social, emotional, or behavioral challenges;
- Show that, other than a scholarship from Families Together, there exists no available resources, i.e. from an applicant's affiliated program, to cover conference expenses; and
- Be a resident of New York State.

**Please note:** If you have received a scholarship stipend from Families Together in the past (this includes scholarship to the National Federation of Families for Children's Mental Health and Families Together conferences) you may not be eligible to receive one this year.

**APPLICATION DEADLINE: MARCH 22, 2010**

Please complete all questions and return attachments as soon as possible.

**APPLICATIONS RECEIVED AFTER MARCH 22  
ARE NOT ELIGIBLE FOR CONSIDERATION**

I am applying for a scholarship for a:

YOUTH

FAMILY MEMBER\*

\* Please use the youth scholarship application; proceed only if applying for a family member.

**Please Print Clearly**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Agency or Organization  
Affiliation \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Recognizing the diverse nature of many families, Families Together is interested in meeting the needs of **all families**. Please tell us the racial, ethnic, or cultural group with which you primarily identify yourself:

\_\_\_\_\_

**IMPORTANT INFORMATION**

- Full scholarship awards will cover conference registration fees, overnight accommodations for Sunday night, and meals included in registration. Transportation costs are not included.
- Submission of this scholarship application **does not guarantee** a scholarship award.
- Scholarship applications are to be received no later than **March 22**. Notification of scholarship acceptance will be made on or before **March 31**.
- Is your youth applying for a scholarship? If so, name \_\_\_\_\_

**Please return this completed application by MARCH 22 to:  
YOUR FAMILIES TOGETHER IN NEW YORK STATE REGIONAL CHAPTER  
Find Chapter Contact Information at: <http://ftnys.org/chapters.cfm>**

Please **completely** answer the questions on the following page. We **cannot award** scholarships to anyone who does not fully complete this application. If you need additional space, please attach a separate page. Answers must be provided by the **applicant**.

## Family Member Scholarship Questionnaire

- How would you best describe yourself in relation to youth with social, emotional, and behavioral challenges?

Self \*    Parent/Caregiver    Other Family Member

\* If you selected self, please **STOP** and complete a youth scholarship application.

- Are you affiliated with a family support program, youth group, coalition, support group, or advocacy organization?

Yes    No

If yes, please state the name and location of the program, and nature of affiliation (ex. volunteer, program participant, advocate, etc.)

- Are you a family member planning to participate in the Families Together Annual Conference as a representative of a program, network, or other constituency?

Yes    No

If yes, please provide a brief statement from the program or network outlining why they would like you to represent them. Also, **please indicate if they can provide any financial support towards your expenses.**

- Please provide a brief paragraph detailing how you will specifically bring your conference experience and learning back to your community to benefit other family members.

*Scholarships will not be awarded to individuals who have not fully completed this application and signed below.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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