

Families Together in New York State

2020 Annual Conference

Sunday, April 26 & Monday, April 27, 2020 Marriott Hotel, Albany, NY

20/20 A Perfect Vision of the Past...

A Clear Vision for the Future

YOUTH SCHOLARSHIP APPLICATION

CRITERIA FOR YOUTH SCHOLARSHIP

As in previous years, Families Together in New York State encourages the empowerment of children and youth with social, emotional and behavioral health 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 Youth scholarship applicant must:

- Be a youth between the ages of 12 and 25 with social, emotional or behavioral health 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.

Any youth not chosen for a scholarship (even if chaperoning a youth) will have to pay the regular conference registration.

Please Note: In order to unite potential youth leaders across the state in our Youth Leadership Track, youth who are currently involved in peer activities and would like to move up to a leadership role may receive a scholarship.

Family Member Scholarships Available, please visit www.ftnys.org for information.



IMPORTANT INFORMATION

All conference youth are to be accompanied to the conference and supervised while on the premises by a responsible adult. Parents/guardians will need to sign a release of liability. If awarded a scholarship you will receive a letter of acceptance and a release of liability form to return to us prior to the conference.

- Full scholarship awards will cover conference registration fees 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 February 3, 2020. Notification of scholarship acceptance will be made on March 9, 2020.

Scholarships will not be awarded to individuals who have not fully completed this application and signed below. ***If you are filling this out electronically, please type your full name.**

Families Together in New York State

2020 Annual Conference

Sunday, April 26 & Monday, April 27, 2020 Marriott Hotel, Albany, NY

20/20 A Perfect Vision of the Past...

YOUTH SCHOLARSHIP APPLICATION

A Clear Vision for the Future

Please answer the questions below. **We cannot award scholarships to anyone who does not fully complete this application. Answers must be provided by the applicant.** All youth are required to complete this application themselves or with assistance if needed.

1. Which of these best describe you? Please check all that apply.

- Young person involved with foster care, juvenile justice, substance abuse, mental health, developmental disability
- Youth Peer Advocate
- Other (Please describe)

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

- NO
- YES

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

3. Are you a youth representing a program, network, or other constituency as their representative?

- NO
- YES

*If yes, on a separate piece of paper, please provide a brief statement from the program or network outlining why they would like you to represent them, and the name and phone number of the contact person. Also, please indicate if they can provide any financial support towards your expenses.

4. Why do you want to attend this conference and what do you hope to learn from the conference? Please provide a brief paragraph detailing how you will specifically bring your conference experience back to your community to benefit other family members and/or youth.

Scholarships will not be awarded to individuals who have not fully completed this application and signed below. **If you are filling this out electronically, please type your full name.*

SIGNATURE: _____

If the young person had assistance in filling out this form, please have the assistant sign below to verify that the application was completed in the youth's own words as well as stating the relationship to the applicant. **If you are filling this out electronically, please type your full name.*

ASSISTANT SIGNATURE:

RELATIONSHIP:

Families Together in New York State

2020 Annual Conference

Sunday, April 26 & Monday, April 27, 2020 Marriott Hotel, Albany, NY

20/20 A Perfect Vision of the Past...

A Clear Vision for the Future

LIABILITY FORM

Please complete this section if the registration is for a child under the age of 21.

DATE OF BIRTH: _____ / _____ / _____

I give permission to Families Together to photograph and/or videotape this registered child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of Families Together. I understand that this registered child and his/her parent/guardian/legal authority is not entitled to any compensation or rights in these materials, and I release Families Together from any liability for the use of this registered child's image for the above stated purpose. *Please check.*

YES (I give permission) NO (I do not give permission)

Name of Accompanying Parent, Caregiver, or Chaperone:

Contact Phone Number (with Area Code) of Accompanying Parent, Caregiver, or Chaperone:

Liability Statement: I have the legal authority to register this child for this event and I give permission for this child to attend the FTNYS Conference. I understand that this child must be supervised by the accompanying parent, caregiver or chaperone. This child agrees to abide by the rules of the conference. I understand that FTNYS and its staff are not responsible for monitoring this child and I will not hold Families Together in New York liable in the event of injury.

I agree to the liability statement above. *Please check.* YES NO

Please sign your name below for approval of the Liability Statement:

_____ Date: _____