

## PAPSRS 2012 Conference Scholarship Application

The purpose of the PAPSRS scholarships is to provide the opportunity for persons who, due to financial restrictions, would be unable to participate in the PAPSRS Conference without scholarship support. This scholarship opportunity only covers the cost of the conference it does not include the cost of meals, lodging or travel.

### Award Process:

- Selections will be made by the scholarship committee after reviewing all applications received.
- Scholarship application will be accepted between November 1<sup>st</sup> 2011 and February 1, 2012.
- Scholarship recipients will be notified by March 1, 2012.
- If you apply for a scholarship but are not selected as a scholarship recipient you will still be able to register for the conference at the early bird rate – attach your scholarship denial letter to your registration to receive the early bird special.
- Application for scholarship is open to anyone in recovery from mental health conditions. Priority will be given to those who have not received a scholarship in the past and those persons who are members of USpra or PAPSRS. For information about associate membership check the PAPSRS website.
- Scholarships are not transferable. **Scholarship recipients must notify PAPSRS if they cannot attend so an alternate may be invited.**

Completed applications must be postmarked or received via e-mail by February 1, 2012.

### **Mailing Address: For –\*\*\* Philadelphia County and Southwest Region ONLY: \*\*\*-**

Stephanie Cameron  
Resources For Human Development  
1701 W. Lehigh Ave. Suite 300  
Philadelphia, PA 19132

**E-mail address:** Stephanie@rhd.org  
**Telephone number:** (215) 221-5535  
**Fax number:** (215) 221-5893

### **Mailing Address: For\*\*\* Central, Northeast ,and Western Regions\*\*\***

Kathyann Corl Community Relations Coordinator  
Keystone Community Mental Health  
3609 Derry Street  
Harrisburg, Pa. 17111

**Email:** kcorl@keystonehumanservices.org  
**Telephone number:** (717) 558-8450x131  
**Fax:** ( 717)-558-9940

## PAPSRS 2012 Conference Scholarship Application Form

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

1. How many scholarship days are you applying for?

\_\_\_\_ 3 days      \_\_\_\_ 2 days      \_\_\_\_ 1 day

2. Have you ever attended the PAPSRS Conference?

\_\_\_\_ yes      \_\_\_\_ no      If yes, how many times? \_\_\_\_\_

3. Have you received a scholarship from PAPSRS in the past 5 years?

\_\_\_\_ yes      \_\_\_\_ no      What year? \_\_\_\_\_

4. Have you submitted a proposal or are involved in presentation for the 2012 conference?

\_\_\_\_ yes      \_\_\_\_ no

5. Why do you want to attend this conference?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your current involvement in psychiatric rehabilitation and activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you plan to use the information that you learn at this conference?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of USPRA or is the agency you work for a member?    \_\_yes    \_\_no

Agency Name \_\_\_\_\_ If yes, what is your USPRA ID # \_\_\_\_\_

If there is no agency membership, what type of membership do you have?

\_\_ Individual    \_\_\_\_ Associate    \_\_\_\_ Non Member    What is your individual # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be received by February 1, 2011.

All applicants will be notified of decision regarding their scholarship by March 1, 2012.

**\*ALL SCHOLARSHIP RECIPIENTS ARE RESPONSIBLE FOR THEIR OWN TRANSPORTATION AND LODGING\***