

**APPLICATION FOR ALASKA PEER PARTNERSHIP CONFERENCE 2011 SCHOLARSHIP- Deadline: January 31, 2011**

Name: \_\_\_\_\_ Nickname for Badge \_\_\_\_\_  
 Group/Organization: \_\_\_\_\_  
 Address Home  or Work  : \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact's Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Special Considerations- (Diet, Disability/Access Needs, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Place of Employment or Volunteer Work:

How did you hear about the scholarships?

What relationship do you have to the AK Peer Support Consortium; or its members?

Have you attended an Alaska Mental Health Recovery Conference before?  
 If so, when?

**Background Information**

Would you identify yourself as a beneficiary? \_\_\_\_ yes \_\_\_\_ no

Check all that applies.

Mental Health Issues		Traumatic Brain Injury	
Alcohol Addiction		Developmental Disability	
Drug Addiction		Alzheimer's/Dementia	

Are you a close family member of someone who has these life experiences? \_\_\_\_ yes \_\_\_\_ no

Check all that applies.

Mental Health Issues		Traumatic Brain Injury	
Alcohol Addiction		Developmental Disability	
Drug Addiction		Alzheimer's/Dementia	

Would you briefly describe your life experience with these kinds of issues:

Are you a youth (under 24)? \_\_\_\_ yes \_\_\_\_ no

Do you currently run, or want to run a support group, work or volunteer as a Behavioral Health Peer Support Specialist, Peer Navigator, Community Organizer or Advocate? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ not sure

Do you have a plan in place if you become unwell while at the Conference? \_\_\_\_ yes \_\_\_\_ no

Why do you want to attend the conference?

### Past Experience, Qualifications and Training

Are you volunteering as a peer support specialist, advocate, peer navigator or peer counselor now? If so, where are you volunteering?

Are you working as a peer support specialist, advocate, peer navigator or peer counselor now? If so, where are you employed?

Have you been involved in other ways with the consumer or peer movement in Alaska or elsewhere? If so, in what way have you been involved?

Check each of the statements below that apply to you:

I have had very little training nor experience, but am very interested in getting started.

I have had no or little formal training but lots of life experience providing peer support or advocacy in the community.

I am a graduate of WRAP (Wellness Recovery Action Planning)

Date, teacher, and location of your class:

I am a Peer Support Specialist or Peer Navigator

Date, teacher, and location of your class:

I have had other types of formal training in Peer Support or related topics

Please describe:

### Participant Selection Process, Training Costs and Logistics

There are limited scholarships available and therefore the Consortium is working on selecting people based on the following (these are NOT in order of preference):

- preference is given to those who have not attended previously
- regional representation
- answers to the application questions

The scholarships are able to provide all expenses incurred but we would we would like to invite all participants to contribute something toward their costs.

To show my commitment, I will provide:

my lodging or \$\_\_\_\_\_ towards my lodging (please describe details below)

my meals or \$\_\_\_\_\_ towards my meals (please describe details below)

my own airfare/mileage or \$\_\_\_\_\_ toward my airfare/mileage

my conference fee or \$\_\_\_\_\_ toward my conference fee

If you can contribute anything toward the costs of attending - please detail here:

Do you see any barriers or challenges to your full participation in the Conference?

How can we help you overcome these challenges?

Do you need any special accommodations? \_\_\_\_ no \_\_\_\_ yes- please describe your needs:

**Future Plans and References**

What do you think you will get out of the conference?

How do you plan to provide information to others regarding workshops/presentations that you attended?

**Please provide us with two references:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please attach a letter of support.

Members of the AK Peer Support Consortium Education Council may call you for a follow up on your application. Please indicate **your three best times**, as well as the **best phone number**, to call:

1<sup>st</sup> Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone number: \_\_\_\_\_  
2<sup>nd</sup> Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone number: \_\_\_\_\_  
3<sup>rd</sup> Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Please select**

TWO DAYS- April 11 and 12

ONE DAY ONLY

- Monday, April 11
- Tuesday, April 12

**Mail to:**  
**Yvonne Evans, Conference**  
**P.O. Box 100857**  
**Anchorage, AK 99510**