# APRIL Youth Conference 2022

***Every Body, Every Mind***

**Scholarship Application**

**Application Deadline: August 5, 2022**

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

Address:

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

Phone Number:

Email:

School/Work/Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Birth Date: Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a disability? 🞎 Yes 🞎 No Disability: \_\_\_\_\_

Do you identify with any of these populations? (Check all that apply)

🞎 Foster Care 🞎 Group Home 🞎 BIPOC 🞎 LGBTQ+

Are you involved in your Center for Independent Living (CIL)?

🞎 Yes 🞎 No

**Community Partners to assist with funding your trip**:

Have you raised money to support your trip cost? 🞎 Yes 🞎 No

Have you asked any of these organizations for assistance? (Check all that apply)

🞎 Vocational Rehabilitation 🞎 Council on Developmental Disabilities

🞎 Mayors Committees for Person with Disabilities

🞎 Center for Independent Living 🞎 Statewide Independent Living Council

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What assistance are you requesting? You are encouraged to seek other funding in addition to a scholarship so we can maximize the number of youth served.

🞎 Registration-$400 + $100 Youth Conference 🞎Lodging-$159+tax per night 🞎 Meals 🞎Travel 🞎 Personal Care Attendant Cost

\*\*Scholarships per individual to not exceed $1000

Emergency Contact

Name: Phone Number:

**Additional Information:**

Please answer the following questions in 2-3 sentences each. If you need more space, feel free to attach an additional page.

1. Why do you want to come to the APRIL Youth Conference? What would you like to learn or gain from it?

2. When you think about your future, what do you imagine for yourself? (what kind of job or volunteering will you be doing, where will you be, what other goals will you have reached?)

3. Tell us somethings you are involved in within your community.

Please return to APRIL’s Office

APRIL

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