# APRIL Youth Conference 2017

**Teamwork Makes the Dream Work**

**Scholarship Application**

 **Application Deadline: August 18th, 2017**

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

Address:

City: Zip:

Phone Number:

Email:

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

Birth Date: Gender: 🞎 Male 🞎 Female 🞎 Other

Do you have a disability? 🞎 Yes 🞎 No Type of Disability:

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

🞎 Foster Care 🞎 Group Home 🞎 Minority Group

🞎 Not involved in Independent Living

Community Partners to assist with funding:

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 requesting ours so we can bring in the most youth we can.

🞎 Registration-$350 🞎Lodging-$129+tax per night 🞎 Meals 🞎Transportation

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.