



Washington State  
**Saying It Out Loud Conference**

## **Scholarship Information and Application**

**April 23, 2018**

**Greater Tacoma Convention & Trade Center  
1500 Broadway Tacoma, WA**

### Application Criteria

- Identifies as a person who supports and wants to improve the health, safety and well-being of (LGBTQ+) individuals. LGBTQ+ reflects lesbian, gay, bisexual, transgender, queer and questioning individuals. The plus respectfully represents other identities not listed such as two-spirit, pansexual, intersex, asexual, gender nonconforming. Whether you are a part of the LGBTQ+ community or communities, or an advocate/ally, we can all better support one another. Applicant must also live in Washington State at the time of application and conference date. **No out of state applications will be considered.**
- Applicants prior to requesting a scholarship are encouraged to ask one or more sources such as the Behavioral Health Organization (BHO), Managed Care Organization (MCO), or other agency for financial assistance related to the costs associated with attending the conference (lodging, travel, food, etc.).
- Applicants receiving the scholarship are encouraged to share information gained while attending the conference with colleagues, community members, and others who may benefit from this knowledge.

### Additional Information

- Any applicant is eligible to receive a registration scholarship. **In order to be eligible to receive lodging, travel and meal stipend, applicant must live a distance of 50 miles or more one way from conference venue.** Applicant will receive a reimbursement AFTER the conference in the amount of \$50 for travel, and \$30 for food. Please keep in mind: Applicant will need to cover initial costs of travel and food for the night prior to the conference. Attendee will also be responsible for the cost of parking.



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- All applications must be completely and correctly filled out and submitted to Amanda Lewis at the Division of Behavioral Health and Recovery, PO Box 45330, Olympia WA 98504, faxed to 360-725-2280 or via email at [lewisae@dshs.wa.gov](mailto:lewisae@dshs.wa.gov) **no later than 5:00p.m. on Friday March 9, 2018. After submitting the application, if additional forms need to be completed they will be sent via email.** You will be notified via email by Monday March 12th regarding your scholarship status.
- All applications must include all attachments completed in full or the scholarship materials will be returned.
- **Cancelations**/no shows-must submit notice immediately if you are unable to attend once scholarship has been awarded or risk disqualification for future scholarship opportunities. Please send a notice to UNR/COB no later than Friday April 6, 2018 to [dbhrsupport@unr.edu](mailto:dbhrsupport@unr.edu) with "Cancellation" in your subject line.

**Applications submitted late or incomplete will NOT be considered.**

For assistance in completing the application, please contact Amanda at 360-725-3808 or via email: [lewisae@dshs.wa.gov](mailto:lewisae@dshs.wa.gov). **FAX Number: 360-725-2280**



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### Scholarship Application

**All information must be completed and submitted by  
Friday March 9<sup>th</sup>, 2018 by 5 p.m.**

**Please note all documents must be signed and complete or your  
application cannot be accepted.**

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

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

Name as it appears on nametag: \_\_\_\_\_

Preferred Pronouns:  She/her  He/him  They/them  Please specify  
preference: \_\_\_\_\_

Agency/Organization/Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Primary Employment Type(s):**

- |  |   |
|--|---|
| <input type="checkbox"/> Aging and Adult Services (AL TSA) | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Child Welfare                     | <input type="checkbox"/> Corrections            |
| <input type="checkbox"/> Developmental Disabilities (DDA)  | <input type="checkbox"/> Healthcare             |
| <input type="checkbox"/> Mental Health                     | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Other _____                       |   |

**Employer(s):**

- |   |   |
|---|---|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Other _____      |



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**Lunch Choice:**

- I am not requesting a lunch
- Not Vegetarian
- Vegetarian

Do you have any special dietary needs? \_\_\_\_\_

Do you have any accommodation needs? If so, please describe:

\_\_\_\_\_

**Conference Attendance:** Please select which answer best represents your past attendance at SIOL:

- This is my first conference
- 1-5 conferences
- 6-10 conferences
- 11 or more

**How did you hear about the SIOL Conference?**

- Save the Date Email
- DSHS/BHA Website
- Place of work
- Referral
- Other \_\_\_\_\_

**Would you like to receive future emails about conferences?**

- Yes
- No

**Photo Release**

By registering for the 2018 SIOL Conference via scholarship, I hereby agree to the use of my photograph, name and/or likeness in any recorded sessions. Please check that you have read and understand the photo release policy.

**Please Check Requested Resources. Please note: In order to be eligible for lodging, transportation and food, applicant must live 50 miles or more from venue. Transportation and food stipend will be issued AFTER the conference. Applicant must pay for initial transportation and food costs.**

- Lodging (covered)
- Transportation Stipend (\$50) reimbursement
- Registration Stipend (covered & includes lunch)
- Food (\$30) reimbursement