

**WASHINGTON**

State Independent Living Council

The Washington State Independent Living Council (WASILC) has opportunity to send Washington State youth to the upcoming 9th Annual National Youth Conference hosted by The Association of Programs for Rural Independent Living (APRIL). The conference is being held in Spokane, the weekend of October 20-23, 2017.

APRIL is a national grass roots, consumer controlled, non-profit membership organization consisting of Centers for Independent Living, their satellites and branch offices, Statewide Independent Living Councils, and other organizations and individuals concerned with the independent living issues of people with disabilities living in rural America.  APRIL has and still leads an ambitious and beneficial collaboration with rural youth with disabilities, recognizing that the young people of our country are our true leaders.

The APRIL conference is held in different locations every year. This year they are in Spokane. The goal for this year’s conference is to help young people understand the voting process and how to advocate and be a voice in their local community. The overall experience that youth gain by attending the APRIL Youth Conference includes advocacy skills in housing, transportation, education, healthcare, and employment. They will learn about diversity and disability disclosure, all while expanding social skills and networks.

If you or someone you know is interested in applying for a scholarship to attend the Annual APRIL Youth Conference in October 2017, please fill out the information attached with this letter and return it to WASILC via email or postal mail (information listed on application). The application must be received **no later than August 4, 2017 at 5 pm (PST).**

Preference will be given to those who complete the entirety of the application and return it by August 4, 2017. The criteria to be used in selecting recipients will be based on a complete application, presence of a disability, and content of the responses. Priority will be given to new attendees.

If you have any questions, please contact the WASILC staff at 360-725-3693 or 800-624-4105.

**Please note that WASILC is not responsible for attendees under the age of 18.**

www.wasilc.org  360-725-3693

P.O. Box 45343 Olympia, WA 98504

**Youth Conference Scholarship Application Details and Rules**

Applicants for the Youth Conference Scholarship shall be required to submit such application forms as WASILC and the Youth Planning Committee may deem appropriate on a schedule determined by

WASILC & the Youth Planning Committee.

**Scholarship application is due August 4, 2017 by 5:00 pm (PST)**

**Recipients will be notified and announced on August 28, 2017 by 4:00 pm (PST)**

The scholarship will be awarded one time, only for attendance to the 2017 Annual APRIL Youth Conference in Spokane, WA. The funds will be used to pay registration fees and any other costs associated with attendance that the applicant has requested on the application; meals cost (per Diem) is not included in these funds. Unless otherwise indicated, each scholarship shall be paid directly to APRIL and any vendors involved in services related to the applicant attending the conference. The WASILC staff will work directly with recipients and/or a parent/guardian to make travel, lodging, and any other necessary arrangements.

Recipients are to be selected on an objective and nondiscriminatory basis by a selection panel pre-determined by WASILC. The name of the applicant will remain anonymous to the panel during the selection process. The application will be judged on completeness (including parent/guardian signature if applicable), content of the applicant’s responses, state residency, age limit (16-30), presence of a disability, and priority will be given to new attendees.

By signing and returning the application to WASILC, the applicant is granting permission for the application to be shared with Department of Services for the Blind (DSB) if applicable, with the purpose of allowing DSB to award the Youth Conference Scholarship from their funding. The applicant is also agreeing to give APRIL permission to use photos taken at conference in distribution materials related to APRIL.

Return completed applications to WASILC via email or postal mail by 08/04/2017. The contact information is listed below:

Email: VILLECL@DSHS.WA.GOV

Postal mail: WASILC
PO Box 45343
Olympia, WA 98504

 **IMPORTANT CONFERENCE INFORMATION**

***THE 23rd ANNUAL NATIONAL CONFERENCE FOR RURAL INDEPENDENT LIVING***

**“Indivisible with Liberty and Justice for ALL”**

**Youth Conference: “Teamwork Makes the Dream Work”**[**https://www.april-rural.org/index.php/new-annual-conference**](https://www.april-rural.org/index.php/new-annual-conference)

**This year’s conference will be held at Davenport Grand Spokane**

333 W Spokane Falls Boulevard, Spokane, WA 99201

**October 20 – 23, 2017**

The following is for your information only. WASILC will make the arrangements you require (not including meals).

\*\*\***MEALS\*\*\***

Breakfast and lunch are provided on Friday (10/20) and Saturday (10/21). There are many dining options located near the hotel that are within walking distance. Dining options are also available in the hotel and others offer delivery. If you need assistance to pay for meals, contact the WASILC staff and they will offer suggestions for outreach and fundraising for this cost.

**\*\*\*AIRPORT / TRAVEL INFORMATION\*\*\***

Spokane International Airport is 8 miles / 13 minutes from Davenport Grand hotel.

For more information on the airport, visit their website: <http://spokaneairports.net/>

\*\*\***TRANSPORTATION\*\*\***

Davenport Grand offers shuttle service available to/from the airport for a reduced rate of $35 round trip.

**Accessible Transportation**: Davenport Grand will rent lift-equipped vans for the same $35 round trip.

Please contact the hotel well in advance to arrange this service.

Please note if you are taking the train, the train only arrives to Spokane at 12:40 AM. Walking from the train station to the hotel is NOT recommended.

**\*\*\*PERSONAL ASSISTANT SERVICES\*\*\***

Contact Spokane CIL @ 509-326-6355

**\*\*\*DME\*\*\***

For information on Medical Equipment rental contact

Contact Spokane CIL @ 509-326-6355

***\*\*A SPECIAL NOTICE TO ATTENDEES\*\****

As you know, most meeting rooms are kept cold. We have little control over this. Please dress appropriately.

***The APRIL Conference is FRAGRANCE FREE.***

***Please be respectful of chemical sensitivities.***

**APRIL IS NOT RESPONSIBLE FOR UNDERAGE ATTENDEES**

**WASILC IS NOT RESPONSIBLE FOR UNDERAGE ATTENDEES**

**Youth Conference Scholarship Application**

To be considered for this scholarship, please return a signed copy of this form with your responses to the WASILC staff via Email or Postal Mail no later than **August 4, 2017 by 5:00 pm PST**.

Name: Date of Birth:

Phone: Email:

Address:

Preferred Form Do You Require Accessible/
of Communication: Alternate Formats?

Have You Ever Attended the APRIL Conference? Yes No

Are you currently a student? \_\_Yes No
This event is being held on a school day; can you obtain an excused absence? \_\_Yes \_\_\_ No

If you are awarded the Youth Conference Scholarship, your registration will be paid. If you require other funding (such as lodging, transportation, etc.) please indicate this need below. Your need will not disqualify you from being awarded the scholarship.

\_\_\_\_\_\_\_\_\_ Lodging \_\_\_\_\_\_\_\_\_ Other Need (please specify below)

\_\_\_\_\_\_\_\_\_ Travel to include:
 \_\_\_\_\_\_ Plane Ticket \_\_\_\_\_\_ Bus Fare \_\_\_\_\_\_ other (please specify below)

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Please **tell us about yourself** and respond to the following questions:

**Why are you interested in attending this conference?**

**How will attending benefit you and/or your community?**

*You can write, record, or film you answers.*

Please turn this application in via email to: VILLECL@DSHS.WA.GOV

Or postal mail: WASILC PO Box 45343 Olympia, WA 98504

Signing below gives APRIL permission to use photos taken at conference in distribution materials related to APRIL. You also agree you understand that this is only an application and there is no guarantee you will be awarded a scholarship to attend the APRIL Youth Conference. You consent to being contacted by WASILC regarding this application. You also give permission to have your information shared with Department of Services for the Blind, if applicable.

Name: Date:

**Parent/Guardian Permission Form**

If you are under 18 or as required by law, please obtain written permission from a parent or guardian to apply for the Youth Conference Scholarship provided by the Washington State Independent Living Council (WASILC). We will require additional permissions if you are awarded the scholarship.

I give permission for my child/dependent, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, to apply for the Youth Conference Scholarship, with the intention of attending the Annual National Youth Conference hosted by The Association of Programs for Rural Independent Living (APRIL).

I understand the conference is being held in Spokane, on October 20-23, 2017. I recognize that WASILC nor APRIL are responsible for attendees and will not be providing chaperones.

If my child/dependent is awarded the scholarship, I give APRIL permission to use photos taken at the conference in distribution materials related to APRIL.

 Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_