



# Scholarship Application

King County Consumer Training Fund, administered by NAMI Seattle

- Scholarships are available to King County residents to attend classes, workshops, seminars or conferences related to mental illness. Trainings do not need to be located in King County.
- Funds will not be granted to attend alternative therapy sessions or other treatment-related activities.
- Funds of up to \$500 may be requested once a year for registration fees, travel, lodging and/or meals.
- Funds may only be used for trainings that are open to the public.

**Please complete all fields in order to be considered for a scholarship.**

**Application must be submitted at least two weeks prior to the event for which you are requesting funds.**

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

Street address: \_\_\_\_\_ City, zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

I am aware that King County Consumer Training Fund scholarships may only be received once per calendar year. I have not received any previous KCCTF scholarship funds this calendar year.

I am not currently a mental health professional OR an employee of a community mental health agency. *(NOTE: If you do not check this box but you or a family member are enrolled in the King County Mental Health Plan, you may still be eligible for this scholarship pending King County approval.)*

I am (you must check one or more boxes to be considered for this scholarship):

A King County resident who is enrolled in the King County Mental Health Plan (to see the list of applicable providers visit

[http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/ProviderList/Provider\\_list\\_for\\_web.ashx?la=en](http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/ProviderList/Provider_list_for_web.ashx?la=en))

A King County resident who has a family member enrolled in the King County Mental Health Plan

A King County resident who is a personal or community advocate (not employed by a mental health agency) for users of publicly-funded mental health services

I have included a flyer, brochure, or web link for the training event I wish to attend.

If I receive scholarship funds I will submit proof that I attended the training as well as the final training report form that will be provided with my scholarship notification.

Title of training you wish to attend: \_\_\_\_\_

**\*\*NOTE: If you are applying to attend the Washington Behavioral Healthcare Conference, you MUST include a completed copy of the one-page conference registration form (found in the WBHC program) along with this application \*\***

City & state where training is held: \_\_\_\_\_

Date(s) of training: \_\_\_\_\_

**I am requesting assistance with the following expenses (you must include exact amount of all expenses):**

**Registration fee (please describe)**

Explanation of expense	Cost
	\$

**Travel**

Explanation of expense	Cost
<input type="checkbox"/> I will submit a receipt for gas, mileage, or transportation fee to NAMI Seattle	\$
<input type="checkbox"/> I am unable to pre-pay for transportation but would like to request purchase of the following ticket(s) – please include dates, times, transportation company, route numbers, etc.	\$

**Lodging (please explain below)**

Explanation of expense	Cost
	\$

**Meals (not including those provided by conference or training)**

Explanation of expense	Cost
<i>Meals not provided by conference</i>	<i>Reimbursement rate determined by Federal guidelines; amount TBA</i>

**TOTAL AMOUNT REQUESTED (\$500 MAXIMUM):** \$

What do you hope to gain from this training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Demographic info (optional):*

Asian/Pacific Islander  Black/African American  Hispanic/Latino  Native American  White  
 Other: \_\_\_\_\_

Gender:  F  M  Other: \_\_\_\_\_

Are you a veteran?  Yes  No

**Please submit completed form by email, mail or fax to:**

NAMI Seattle  
Attn: Gideon C. Elliott, Administrative Assistant  
802 NW 70<sup>th</sup> St  
Seattle, WA 98117  
Fax: (206) 784-0957  
gideon@namiseattle.org

**NAMI Seattle staff will review your application and respond to you within 10 business days.**

<b>To be completed by NAMI Seattle:</b>
<input type="checkbox"/> Approved for full amount
<input type="checkbox"/> Approved for partial amount: \$ _____ Reason: _____
<input type="checkbox"/> Denied Reason: _____
Date notification sent: _____