**2018 PAPRS Scholarship Application**

**Scholarship Applications must be submitted by December 15th, 2017.**

First Name:

Last Name:

Organization:

Address:

City, State, Zip:

County:

Email:

Phone:

Job Title:

First time Attendee? Yes or No

**ROLE IN COMMUNITY: Check all that apply**

□ Person in Recovery

□ Licensed PR Provider

□ Certified Peer Specialist

□ CPRP

□ Family Member

□ Veteran

□ Young Adult (16 yrs-26 yrs)

**Number of days applying for:**

**□** One

□ Two

Describe any Reasonable Accommodations, if any, needed to participate in the conference. This does NOT include hotel or other expenses:

Have you received a PAPSRS scholarship in the past? Yes or No

If you received a scholarship before, please list the year(s)

How will a scholarship to the PAPRS Conference assist you in your personal development, organization, and community? Please be thoughtful in your response because scholarships are competitive and merit based!

**Acknowledgement**

I understand these scholarships are for registration only to attend the PAPSRS conference. Scholarships do not cover lodging, travel, or any other costs. I understand that submitting this application does not guarantee I will receive a scholarship.

**□** I agree

□ I do not agree

***Return form to Jeannine Lawson at lawson.jeannine@yahoo.com***