



2019 PENNSYLVANIA MENTAL HEALTH & WELLNESS CONFERENCE

Scholarship Application Form

The three leading statewide mental health organizations unite to host the **Pennsylvania Mental Health and Wellness Conference** in Harrisburg.

NAMI Keystone Pennsylvania, the Pennsylvania Mental Health Consumers' Association (PMHCA), and the Mental Health Association in Pennsylvania, invite peers, family members, advocates, and professionals to experience this one-of-a-kind event that will provide a platform to learn, share, and network.

Scholarships are available for peer or family members to attend the two-day conference. The scholarship covers one conference registration, hotel accommodations for people who live 60 miles or more from where the conference is being held, and meals (three full meals on Monday and breakfast on Tuesday). Transportation is the responsibility of the individual. Scholarships will be available on a first come first served basis.

PLEASE NOTE: All other scholarship opportunities should be explored **before** applying, such as Community Support Programs, Providers and County Human Services Programs.

Conference Dates: May 20-21, 2019

Conference Location: Holiday Inn Harrisburg – Hershey
604 Station Road
Grantville, PA 17028

Deadline to Apply: Friday, Dec 14, 2018 *(Applications will be based on a first come first served basis)*

Please return Completed Scholarship Application to:

Sara Levine Steinberg, Events Coordinator

NAMI Keystone PA | 105 Braunlich Dr, Suite 200 | Pittsburgh, PA 15237

Phone: 412-366-3788 x 122 | Fax: 412-366-3935 | slsteinberg@namikeystonepa.org



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2019 Scholarship Application

APPLICATION:

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____ Telephone: _____

Affiliation: (check all that apply) NAMI Keystone PA PMHCA MHA in PA

Do you need: (check all that apply) Registration Fee Hotel (if applicable)

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

___ Visual ___ Audio ___ Mobility

Other Aids or Services: _____

Additional Comments: _____

Please indicate any Food Allergies:

Emergency Contact:

First Name: _____ Last Name: _____

Relationship to you: _____

Phone Number: _____