

The State of the Child Conference 2015 Scholarship Form

Name: _____ Organization (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: () _____ Fax: () _____

Check any that apply.

I am a parent/caregiver of a child with a serious emotional disturbance

Diagnosis _____ Age _____

I am a mental health professional. (Agency Name: _____)

I am requesting a full scholarship (\$99).

I would like to request assistance with additional expenses related to attending the conference (hotel, travel, ect).

If I am chosen as a scholarship recipient, I will volunteer/work at the conference at the designated time(s) appointed by Tennessee Voices for Children.

I am currently receiving services from Tennessee Voices for Children.

I have received a scholarship for a previous State of the Child Conference.

Why would you like to attend the 2015 State of the Child Conference?

Requesting a scholarship does not guarantee approval. All applications will be reviewed by a scholarship committee and will be awarded based on need.

Please complete this form and return to Natalie Ray

Fax 615-269-8914 or nray@tnvoices.org

For office use only: Date Rec'd: _____ Scholarship Approved – y/n _____ Amount Approved: \$ _____