

# Families Together in New York State Annual Conference

April 25-26, 2010



*Empowering, Engaging, and Enlightening:  
Sharing the Family Voice to Build Stronger Communities*

## YOUTH SCHOLARSHIP APPLICATION

### CRITERIA

As in previous years, Families Together in New York State encourages the empowerment of children and youth with social, emotional, and behavioral challenges and their families by offering scholarships to the Annual Conference. Family members and youth exemplifying qualities as leaders and advocates in their communities are encouraged to apply. Please read the following criteria for scholarship consideration prior to filling out this form. The scholarship applicant must:

- Be a youth between the ages of 14 and 24 with social, emotional, or behavioral challenges;
- Show that, other than a scholarship from Families Together, there exists no available resources, i.e. from an applicant's affiliated program, to cover conference expenses; and
- Be a resident of New York State.

**Please note:** If you have received a scholarship stipend from Families Together in the past (this includes scholarship to the National Federation of Families for Children's Mental Health and Families Together conferences) you may not be eligible to receive one this year. However, in order to unite potential youth leaders across the state in our Youth Leadership Track, youth who are currently involved in peer activities and would like to move up to a leadership role may receive a scholarship regardless of past participation.

**APPLICATION DEADLINE: MARCH 22, 2010**

Please complete all questions and return attachments as soon as possible.

**APPLICATIONS RECEIVED AFTER MARCH 22  
ARE NOT ELIGIBLE FOR CONSIDERATION**

I am applying for a scholarship for a:



YOUTH



FAMILY MEMBER\*

\* Please use the family member application; proceed only if applying for a youth.

**Please Print Clearly**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**For Youth:** Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be provided) Age \_\_\_\_\_

Name of Accompanying Adult\* \_\_\_\_\_

Check here if accompanying adult is applying for a scholarship.

The accompanying adult guardian must register for the Annual Conference as a participant. If the adult is seeking a family member scholarship, a family member scholarship application must be completed separately.

Agency or Organization

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ NY Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Recognizing the diverse nature of many families, Families Together is interested in meeting the needs of **all families**. Please tell us the racial, ethnic, or cultural group with which you primarily identify yourself:

\_\_\_\_\_

**IMPORTANT INFORMATION**

- All conference youth are to be accompanied to the conference and supervised while on the premises by a responsible adult. Parents/guardians will need to sign a release of liability. Please submit your youth liability form with your application to ensure that it is on file prior to the conference.
- Full scholarship awards will cover conference registration fees, overnight accommodations for Sunday, and meals included in registration. Transportation costs are not included.
- Submission of this scholarship application **does not guarantee** a scholarship award.
- Scholarship applications are to be received no later than **March 22**. Notification of scholarship acceptance will be made on or before **March 31**.
- A parent/guardian/responsible adult must accompany all youth under the age of 21, either via scholarship or paid registration.

\*Families Together cannot provide a scholarship for children under the age of 14. Children under the age of 14 **must be registered for the conference**, and supervised at all times. **Do not use the Youth Scholarship Application Form for a children ages 13 or under.**

Please return this completed application **and** Youth Liability Form by **MARCH 22** to:

**YOUTH POWER!**  
737 Madison Avenue  
Albany, NY 12208  
Fax: 518.434.6478

Email: [youthpower@ftnys.org](mailto:youthpower@ftnys.org) List "Youth Scholarship" in the Subject Line

## YOUTH Scholarship Questionnaire

Please **completely** answer the questions below. We **cannot award** scholarships to anyone who does not fully complete this application. If you need additional space, please attach a separate page.

Answers must be provided by the young **applicant**. All youth are required to complete this application themselves or with assistance if needed.

- Have you received services or supports for a mental health challenge?  
 Yes    No
  
- Are you a member of a peer support, youth advocacy or family support group?  
 Yes    No   If yes, please state the name for the group and the way you are involved (Examples: Member, Youth Advocate, Leader)
  
- Will you be representing a group or organization?  
 Yes    No   If yes, please tell us why they would like you to represent them and if they have any money to help out with your trip to the conference.
  
- Why do you want to attend this conference and what do you hope to get out of it?
  
  
- How will you share the things you learned at the conference with other people from your home area?

*Youth scholarship applications will not be awarded to youth who have not fully completed this application, submitted the youth liability form, and signed below. The signature below verifies that the application was filled out by the youth personally.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

If the young person had assistance in filling out this form please have the assistant sign below to verify that the application was completed in the youth's own words.

\_\_\_\_\_  
Signature of assistant

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Date



**Families Together in New York State Annual Conference**  
**April 25-26, 2010**  
**Crowne Plaza, Albany, NY**  
**Liability Release Form**  
***Must be submitted with scholarship application form for youth participants***

**Youth**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Adult Guardian Accompanying Youth to Conference *(adult must complete a conference registration form)*  
\_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact (other than the parent/guardian attending the conference)  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Support Program Affiliation (if applicable ) \_\_\_\_\_

**Parent/Guardian**

*It is required that you sign this release in order for your child to participate in the conference.*

I, \_\_\_\_\_ (name), give permission for the above-named youth to attend the Families Together Annual Conference on April 25-26, 2010. *Neither Families Together in New York State nor any of its contractors may administer medication. The responsible family member/primary caregiver must administer all medication.* I relieve Families Together and will not hold it or its staff liable in the event of injury. The above-named youth agrees to abide by all the rules and regulations stated by Families Together and its staff. I understand that Families Together will not be held liable if the above-named youth fails to cooperate with regulations. I understand that the above-named youth must be supervised by the responsible parent/guardian attending the conference and that Families Together is not responsible for monitoring the whereabouts of youth and young adults.

**PERMISSION TO PHOTOGRAPH:** *Please check the appropriate box.*

- I give permission to Families Together to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of Families Together. I understand that my child and I are not entitled to any compensation or rights in these materials, and I release Families Together from any liability for the use of my child's image for the above stated purpose.
- I DO NOT give permission for my child to be photographed.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_