



**NAMI MARYLAND 2018 ANNUAL CONFERENCE  
SCHOLARSHIP APPLICATION**

*Due to the limited funds for scholarships, applications will be reviewed on a rolling basis as we have the financial capacity to do so. Scholarship applications are due no later than Monday, October 8, 2017. Most decisions will not be made until after that date.*

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone (DAY):** \_\_\_\_\_ **Phone (EVE):** \_\_\_\_\_

**E-Mail (PRINT LEGIBLY):** \_\_\_\_\_

**Local NAMI Affiliate (if any):** \_\_\_\_\_

**Please Choose One:**  Individual with a Psychiatric Disorder  NAMI Supporter

Relative of an Individual *Describe (e.g., parent, sibling, etc.):* \_\_\_\_\_

Mental Health Professional *Describe:* \_\_\_\_\_

Other Professional *Describe:* \_\_\_\_\_

Other *Describe:* \_\_\_\_\_

**Requesting Scholarship for:** Fri & Sat  Fri only  Sat only

\* Scholarship does NOT include hotel accommodations.

**Please list the reasons that you want to attend the conference.** *(Describe on reverse or a separate sheet).  
Applications will not be accepted without this information.*

Preference is given to those who agree to volunteer in some way with NAMI Maryland. Please check the ways in which you are willing to be involved:

- Distribute NAMI literature or emails through my network(s). *(List networks on reverse)*
- Volunteer at the NAMI Maryland office (subject to NAMI Maryland capacity)
- Volunteer at the NAMI Maryland Conference for 3 hours (limited spaces available)
- Volunteer through my local affiliate: Describe on reverse or a separate sheet
- Other *(Describe your skills and availability on reverse or a separate sheet)*

***YOU MUST BE A CURRENT PAID MEMBER OF NAMI TO RECEIVE A SCHOLARSHIP***

Please complete and return this application by October 8, 2018 to: NAMI Maryland, 10630 Little Patuxent Parkway, Suite 475, Columbia, MD 21044 Fax: 410-884-8695 Email: [connection@namimd.org](mailto:connection@namimd.org)