## Scholarship Application

Name

Scholarships are provided by the Washington State Department of Health, with the support of conference sponsors. Scholarships are for unpaid Community Health Workers who otherwise would not be able to attend.



**Applications are due Monday, February 1, 2019.** Applications will be considered in the order they are received while funds last. Applicants will be notified of their scholarship status by February 28, 2019.

Mailing Address		
(Street, City, State, Zip)		
Address Traveling from (if different from mailing address)		
Organization (if applicable)		
Title/Position		
Phone Number		
Email Address		
1.	Briefly describe why y	ou want to attend, and how you will use what you learn in your job duties:
2. 3.		pay for you to attend if you don't receive a scholarship?   Yes  No  Unknown
4.	Which scholarship(s) c	do you need? Check all that apply.
	must live 100 miles or m	nmodate all requests, but cannot guarantee full scholarships for everyone. Recipients ore from the conference site to qualify for dinner and hotel scholarship. Hotel le for recipients who receive a hotel scholarship.
	Registration	
	with another schola	t guaranteed. All scholarship recipients requesting lodging may need to share a room rship recipient. Dinner on April 10 <sup>th</sup> & 11 <sup>th</sup> will be provided by the hotel's restaurant. will have scholarship attendees' names on a list. April 12 <sup>th</sup> dinner will be at your own reimbursed.
	Expected Arrival D	Date: $\square$ April 10 $\square$ April 11 $\square$ April 12

	made on your behalf. Taxi/ride sharing is encouraged from the airport to hot
Name as it appears on your driver's license	
Date of Birth	
Departure Airport	
Round Trip Miles:  If carpooling, please list	c names of all travelers in the vehicle. The driver will receive mileage
reimbursement.	
Driver Name:	
Passenger Name:	
Passenger Name:	
Passenger Name:	
Passenger Name:	
Passenger Name:	
Passenger Name:	
Passenger Name:	
	chwconference@doh.wa.gov, or by post mail to Washington State arissa Floyd, PO Box 47848, Olympia, WA 98504.
artment of Health, ATTN: M	arissa Floyd, PO Box 47848, Olympia, WA 98504.
R OFFICE USE ONLY – check	arissa Floyd, PO Box 47848, Olympia, WA 98504.