



**District of Columbia  
Department of Behavioral Health  
Office of Consumer and Family Affairs**

**DBH Application for Conference Scholarships**

**Conference: NAMI 2015 National Convention  
July 5, 2015 – July 9, 2015  
San Francisco, California**

**Please Print/Type All Application Information**

**Legal Full Name (as it appears on your DC Identification Card/Driver's License/Passport)  
for travel purposes**

First Name: \_\_\_\_\_

Middle Initial/Name (if any) \_\_\_\_\_

Last Name: (include suffixes, if any): \_\_\_\_\_

Preferred Name (if different from the above): \_\_\_\_\_

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

\_\_\_\_\_

Best Phone Number(s) to Contact You: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

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Please **print/type** your name: \_\_\_\_\_

Emergency Contact Name(s) and Number(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever attended a conference/convention with a scholarship from the Department of Mental Health (DMH) or Department of Behavioral Health (DBH)?

Please answer: yes, no, do not know: \_\_\_\_\_

If **yes**, what year(s) and what conference(s)/convention(s) did you attend? List all within the last 5 years.

\_\_\_\_\_  
Year

\_\_\_\_\_  
Conference/Convention

\_\_\_\_\_  
Year

\_\_\_\_\_  
Conference/Convention

\_\_\_\_\_  
Year

\_\_\_\_\_  
Conference/Convention

\_\_\_\_\_  
Year

\_\_\_\_\_  
Conference/Convention

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Please **print/type** your name: \_\_\_\_\_

**Requirements for consideration**

1. At least eighteen (18) years of age.
2. United States (U.S.) citizen.
3. Currently residing within the District of Columbia (D.C. resident).
4. Typed/written statement on why you want to attend the convention (must be attached to this application)
5. Two typed/written letters of reference on why you should attend the convention (must be attached to this application)

**Please choose all that apply (caregiver and/or consumer experience is required – both are not required):**

*Caregiver Experience*

- I am/was a primary family caregiver of a current/former consumer of mental health services.
- I am willing to disclose that I am/was a primary family caregiver.

*Consumer Experience*

- I am a current/former consumer of mental health services, including co-occurring services for mental health and substance use disorders.
- I am willing to disclose that I am/was a consumer of mental health services, including co-occurring services for mental health and substance use disorders.

***End of application***