

**DEPARTMENT OF BEHAVIORAL HEALTH APPLICATION FOR
WRAP AROUND THE WORLD 2015 SCHOLARSHIP**

1. Please indicate your Ward: ___(Ward 1) ___(Ward 2) ___(Ward 3)
___(Ward 4) ___(Ward 5) ___(Ward 6) ___(Ward 7) ___(Ward 8)

2. Applicant

Name: _____

3. Street Address: (if not affiliated with an organization):

4. City/State/ZIP: _____

5. Organization

Name: _____

6. Organization Address:

7. City/State/ZIP: _____

8. Daytime Phone No. (_____) _____

9. Have you attended a WRAP Around the World Conference in the past? ___No
___Yes (what year? _____)

10. Have you received a DBH scholarship in the past? ___Yes ___No
(what year? _____)

11. Are you a WRAP Facilitator? ___Yes ___No

Please answer the following questions - and use more paper if needed.

1) Describe why you should be considered for the Wrap Around The World Scholarship;

2) If applicable, briefly describe your involvement and/or contributions as a WRAP Facilitator;

3) If awarded a scholarship, how do you plan to utilize the information from the conference?