

2018 NH SUICIDE PREVENTION CONFERENCE SCHOLARSHIP APPLICATION

The Suicide Prevention Council (SPC), the Youth Suicide Prevention Assembly (YSPA), Injury Prevention Center (IPC at Chad), the Regional Public Health Networks (RPHN), and the National Alliance on Mental Illness NH (NAMI NH); and collaborators and partners of the Suicide Prevention Conference are pleased to announce the availability of financial assistance to qualifying individuals to attend the annual suicide prevention conference scheduled for Friday, November 1, 2018, at the Grappone Center, Concord, NH.

Partial scholarships are available this year. Scholarship recipients will be required to pay the portion of their registration fee not covered by the scholarship. The number of scholarships issued and the amount of each scholarship will be determined based on the number of applications and financial need of the applicants. It is anticipated that scholarship recipients will not be asked to pay more than \$20 towards their registration fee.

Scholarship Criteria:

Applicants must be **NH Residents**, demonstrate a **financial need**, and meet **one of the following** requirements:

1. Survivor of suicide loss (SOSL)
2. College Student
3. Community Volunteer working in the area of suicide prevention, crisis intervention, or mental health (crisis line, coalition, etc.)
4. Mental health consumer or family member of a mental health consumer
5. Military Veteran/Active Duty Personnel
6. Other individual who can demonstrate financial need

If you are in need of scholarship assistance and meet the above, please complete the information below and send to proberts@naminh.org no later than **Friday, October 5, 2018**. Applicants will be notified as soon as possible after that date if they have received a scholarship. Scholarship awards will be made by the Suicide Prevention Conference Planning Committee comprised of members of the SPC, YSPA, & NAMI NH. **Recipients will be asked to pre-register and pre-pay within two weeks of being notified that they have received a scholarship. Failure to respond within that time period will result in forfeiture of the scholarship so that we may grant it to another applicant.**

Applicant's Name: _____

Organization (if applicable): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

1. Why do you require financial assistance to attend the Suicide Prevention Conference?
2. Are you able to receive support to attend the conference from another source? Check: YES__ NO__
3. Please check one. I am a : SOSL__ College Student__ Mental Health Consumer/Family Member__
Community Volunteer__ Veteran/Active Duty Military__
Other _____
4. Have you received a scholarship to attend this conference in the past? Check: YES__ NO__
5. What do you want to gain from attending the Suicide Prevention Conference?