



Early Relationships Matter: Building Networks

Wisconsin Infant and Early Childhood Mental Health Conference

Madison Concourse Hotel

June 18-20, 2008

Conference Scholarship Information

Thank you for your interest in Wisconsin Alliance for Infant Mental Health's (WI-AIMH) first annual conference. WI-AIMH offers a limited number of scholarships to parents and professionals working with young children and their families, who otherwise might not be able to attend the annual conference. Awards are based on financial need and potential to give back to the field. Scholarships are awarded to cover the full or partial conference registration fee. Scholarships do not fund travel, food or lodging. Below you will find all the information you need to proceed with the scholarship application. We hope to see you in June!

Application Procedure

1. Complete the attached application.
2. Mail, fax, or e-mail the completed application to the address listed below.
3. The application must be received by **May 2, 2008**.
4. All applications received will be reviewed by the Scholarship Committee.
5. Applicants will be notified by May 16, 2008.
6. Applicants who have been awarded a scholarship must accept the scholarship **AND** register for the conference by **May 23, 2008**. If these deadlines are not met the scholarship will be forfeited.

Please complete and return to:

Janna Hack
Wisconsin Alliance for Infant Mental Health
133 S. Butler Street, Ste. 340
Madison, WI 53703
608-442-0360 phone
608-441-8920 fax
janna.hack@cssw.org
(please include "Scholarship Application" in e-mail subject line)

Due: May 2, 2008

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Conference Scholarship Application

Contact and Personal Information

Full Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____ E-mail Address: _____

Current Employer: _____

Job Title: _____

How long have you worked for your current employer? _____

How long have you worked with infants and young children? _____

What would you like us to know about your need for a scholarship? _____

Commitment to Continuing Education

Why do you want to attend the conference?

How will you share with others what you learn at the conference?

How will your professional /community goals be enhanced by attending this conference?

Tell us anything else you think we should know about you.

I have read and understand the requirement for the scholarship recipients and by signing below I agree to adhere to these requirements. I also agree to respond to all requests for information and submit paperwork by the established deadlines. I understand that failure to adhere to the requirements and/or submit information will result in the loss of the scholarship.

Applicant's Signature: _____ Date: _____

Office Use Only:

1. _____ 2. _____

Approved

Denied