

2016 MONTANA CONFERENCE ON MENTAL ILLNESS
"ACT, ADVOCATE, ACHIEVE"
OCTOBER 26, 27, 28, 2016
RADISSON COLONIAL HOTEL
HELENA, MONTANA

CONSUMER SCHOLARSHIP APPLICATION

Scholarships are limited and are reserved for people who have a mental illness.
Please do not submit a scholarship application if you do not qualify.

PLEASE SUBMIT ONE REGISTRATION PER PERSON, **RECEIVED BY OCTOBER 20, 2016**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

IF SOMEONE IS ASSISTING YOU WITH THIS APPLICATION FOR SCHOLARSHIP PLEASE FILL OUT THE FOLLOWING:

NAME OF CONTACT PERSON _____ PHONE # _____

_____ Enclosed is \$25.00 registration fee (we must receive the fee with this application for you to be considered for a scholarship). This fee includes room Wed. and Thursday; Thursday lunch and dinner; Friday lunch.

_____ I WILL attend the Thursday night banquet (if this is not checked, a reservation will NOT be made for the banquet Thursday night).

_____ I would like to room with _____ who is also attending the conference

_____ Dietary restrictions _____

THERE IS NO SMOKING ALLOWED IN THE HOTEL.

You or your contact person will receive confirmation of your scholarship.

*****If you accept this scholarship you are asked to please attend as many of the conference sessions as possible.** For further information contact: Faun 406-449-2344 or Sandy 406-458-9738.

*****PLEASE DO NOT MAKE ROOM RESERVATIONS. THIS WILL BE DONE FOR YOU.**

MAIL THIS FORM AND \$25.00 TO:

MONTANA CONFERENCE ON MENTAL ILLNESS
Scholarship Request
1022 Chestnut St., Helena, MT 59601