



Scholarship Application

King County Consumer Training Fund, administered by NAMI Seattle

- Scholarships are available to King County residents to attend classes, workshops, seminars or conferences related to mental illness. Trainings do not need to be located in King County.
- Funds will not be granted to attend alternative therapy sessions or other treatment-related activities.
- Funds of up to \$500 may be requested once a year for registration fees, travel, lodging and/or meals.
- Funds may only be used for trainings that are open to the public.

Please complete all fields in order to be considered for a scholarship.

Application must be submitted at least two weeks prior to the event for which you are requesting funds.

Name: _____

Street address: _____ City, zip: _____

Email: _____ Phone: _____

Occupation: _____

Employer: _____

One of the following three options must be selected in order to qualify for this scholarship:

- I live in King County and I'm enrolled in the King County Mental Health Plan (if you are not sure whether or not you are, please call King County MHP Client Services at 800-790-8049 to confirm)
- I live in King County and I have a family member enrolled in the King County Mental Health Plan
- I live in King County and I'm a personal or community advocate (not employed by a mental health organization) for users of publicly-funded mental health services

Please select one of the following two options:

- I am not currently employed by a mental health agency or organization.
- I am currently employed by a mental health agency or organization.*

**Employees of mental health organization are not eligible to receive this scholarship unless they are also enrolled in the King County Mental Health Plan or have a family member who is. If you selected this option but you or a family member are not enrolled in this plan, you are not eligible for this scholarship. We apologize for the inconvenience!*

Title of training you wish to attend: _____

****NOTE:** If you are applying to attend the Washington Behavioral Healthcare Conference, you **MUST** include a completed copy of the one-page conference registration form (found at www.thewashingtoncouncil.org) along with this application

Website of training: _____

City & state where training is held: _____

Date(s) of training: _____

Scholarship funds (max. \$500) may be used to assist with any of the four expense categories below. Please check off the categories you are requesting scholarship coverage for. Please include as many details as possible in the "Explanation" section as well as an exact/estimated cost if you know it at this time.

Registration fee (please describe)

Explanation of expense	Cost
	\$

Travel

Explanation of expense	Cost
<input type="checkbox"/> I will submit receipt(s) for gas, mileage, or transportation fee to NAMI Seattle within 30 days after the training	\$
<input type="checkbox"/> I am unable to pre-pay for transportation but would like to request purchase of the following ticket(s) – please include preferred dates, times, transportation company, route numbers, etc:	\$

Lodging

Explanation of expense	Cost
	\$

Meals (not including those provided by conference or training)

Explanation of expense	Cost
<i>Meals not provided by conference (if you select this option, we will determine the amount available based on Federal guidelines, the number of meals not provided by your training, and the amount of scholarship funding left available after other expenses have been met)</i>	<i>To be determined by NAMI Seattle</i>

What do you hope to gain from this training? _____

I am aware that King County Consumer Training Fund scholarships may only be received once per calendar year. I have not received any previous KCCTF scholarship funds this calendar year.

If I receive scholarship funds I will submit proof that I attended the training as well as the final Training Report Form that will be provided with my scholarship notification. If these are not submitted within 30 days after the training, I acknowledge that it may impact my ability to receive this scholarship in the future.

Signature: _____ **Date** _____

Demographic info (optional):

Asian/Pacific Islander Black/African American Hispanic/Latinx Native American White
 Other: _____

Gender: F M Nonbinary Other: _____

Are you a veteran? Yes No

Please submit completed form by email, mail or fax to:

NAMI Seattle, Attn: King County Scholarship
802 NW 70th St
Seattle, WA 98117
Fax: (206) 784-0957
scholarship@namiseattle.org