**Dottie Adams Scholarship Fund**

**Application Form**

Submission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Address

City, State, Zip code

Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify me by email \_\_\_Yes \_\_\_No

Place of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Whichever Applies:

\_\_\_I am a person with a developmental disability.

\_\_\_I am a family member/guardian of a person with a developmental disability.

Name of conference or event you wish to attend (please enclose copy of brochure and any other related documents):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Conference \_\_\_\_\_\_\_ Location

Have you attended this conference or event before?

 Yes  No

Have you used Dottie Adams Scholarship Funds (formerly Learning Opportunities Support Funds) before?

 Yes  No

 *If yes, when?*

Please describe in no more than one page why you are requesting a reimbursement of expenses, why you wish to attend this event and how this event will benefit you and/or others.

**Expenses**

 Registration Fees $\_\_\_\_\_\_\_\_\_

 Child Care $\_\_\_\_\_\_\_\_\_

 Personal Care Attendant$\_\_\_\_\_\_\_\_\_

 Respite Care $\_\_\_\_\_\_\_\_\_

 Hotel $\_\_\_\_\_\_\_\_\_

 Meals $\_\_\_\_\_\_\_\_\_

 Transportation **$\_\_\_\_\_\_\_\_\_**

Other (List) $\_\_\_\_\_\_\_\_\_

**Total Cost of Event** $\_\_\_\_\_\_\_\_\_

**TOTAL REQUEST $\_\_\_\_\_\_\_\_\_\_ TO COUNCIL**

*All awards are based on the availability of funds. Please mail the application form to:*

Attn: Lisa F. Eaves

Georgia Council on Developmental Disabilities

Suite 26-246

2 Peachtree Street

Atlanta, GA 30303-3142

Any money I receive through this project will be used to pay for costs described in this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legal Signature Date

Council approval of funding for any event is not an endorsement of the event or of organizations involved in the event.