**2019 Self-Determination Conference Scholarship Request**

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| **Fees (If your scholarship is not approved, your fees will be returned.)** |
| [ ]  **Adult Consumer Scholarship $25** For individuals with a disability over the age of 18.  | $\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  **Student Plus One Scholarship $50** ($25 each)For students with disabilities between the ages of 14 and 21 (student must still be in school and have an IEP) and **ONE** adult to attend with the student.  | $\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL** | **$\_\_\_\_\_\_\_\_\_\_\_** |

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| **Person Requesting Scholarship** |
| **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State: \_\_\_\_\_\_\_\_\_** |  **ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| Are you a person with a disability using Long-Term Care Supports? |  No [ ]  Yes [ ]   |
| Are you currently enrolled in Family Care or IRIS? |  No [ ]  Yes [ ]   |
| Are you currently a student with an IEP? |  No [ ]  Yes [ ]   |
| **Person Attending with Student (Plus One)** |
| **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Conference Events**  |
| Pre-conference labs are on October 14th from 1-4 PM. Registration is required. All pre-conference lab fees are included with scholarships, but you must register. Please check additional box for Plus One. **Please check which pre-conference labs you would like to attend:**

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| [ ]  [ ]  Story Slam | [ ]  [ ]  Innovation Station  |
| [ ]  [ ]  Self-Determination YouTube Channel | [ ]  [ ]  Self-Determination Conference 101 |

 [ ]  [ ]  **I will not attend a pre-conference lab** **KICK-OFF EVENT: I will attend** [ ]  Yes [ ]  No**Dinner and a Movie,** 5-9 PM(This event is free, but you must register. Light meal provided)Featured Movie: Intelligent Lives a film by Dan Habib | Followed by an interactive Scavenger Hunt |

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| **Conference Accommodations** Conference Center is wheelchair accessible |
| **Meal Choice for Consumer**[ ]  Regular[ ]  Vegetarian[ ]  Gluten Free[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Conference Accommodations** [ ]  None ☐ Large Print  [ ]  Sign Language Interpreter [ ]  Other |
| **Meal Choice for Plus One (if applicable)**[ ]  Regular[ ]  Vegetarian[ ]  Gluten Free[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Other Conference Accommodations (please**  **specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Lodging** Lodging reservations will be made for you. **DO NOT** contact the hotel. |
| I am requesting a scholarship for lodging. | [ ]  Yes [ ]  No |
| Which nights will you need lodging? | [ ]  Mon, Oct 14 [ ]  Tues, Oct 15 [ ]  Both Nights |
| Will you be sharing a room with another conference attendee? If so, please provide their name in the shaded box below.

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| 1.  |  2.  |
| 3.  |  |
| *Anyone listed in the shaded box* ***must*** *complete a separate registration.* |

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| **Lodging Accommodations**  |
| If requesting lodging, please check the specific room accessibility accommodations you will need. [ ]  Regular room (I do not need special accommodations)[ ]  Wheelchair accessible *(All wheelchair accessible rooms have grab bars.)*[ ]  Roll in shower [ ]  Tub with shower chair [ ]  Other (must describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_There are a limited number of accessible rooms available and will be assigned on a first come, first serve basis. If all accessible rooms are full, you may either choose a regular room at the Kalahari, or we can reserve an accessible room at another hotel (at our cost).  |

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| **Payment Information**  |
| **Paying by Check: Make checks payable to**: InControl Wisconsin **Mail this form and payment to:** InControl Wisconsin 2935 S. Fish Hatchery Road, Ste 233, Madison, WI 53711**Paying by Credit Card:****Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Card (Visa, Am Ex): \_\_\_\_\_\_\_\_\_** **Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date (mo/year): \_\_\_\_\_\_/\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_** |
| **What is Your Race/Ethnicity (optional)?**  |
| Providing this information will help us better ensure we are growing our capacity to engage diverse communities and will not be used for any other purposes.  |
| [ ]  White [ ]  Hispanic/Latino [ ]  Two or more races |
| [ ]  Black [ ]  Asian [ ]  Race Unknown |
| [ ]  American Indian/Alaska Native [ ]  Pacific Islander |
| **Conference Participation (Please check all that apply)** |
| [ ]  **Yes** [ ]  **No** This is my first time attending the Self-Determination Conference.[ ]  As a scholarship recipient, I understand it is my responsibility to make sure I am fully participating in  conference activities, attending all sessions and events, and following hotel rules. [ ]  I understand that everyone must register for the conference, including direct support staff, caregivers and family members.[ ]  I understand if for some reason I am not able to attend the conference, I must provide 48 hours’ notice  of cancelation. **Scholarships are non-transferable.** Conference fees are non-refundable. [ ]  I understand pictures may be taken during the conference and may be used for publicity and/or other  media for future events. If you do not want to be photographed, please let someone know when you  arrive at the conference.**I have read the above statement and agree. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Additional Information/Questions** |
| **DEADLINE:** Scholarship will be accepted until **August 30, 2019** or until funds run out.There are a limited number of scholarships available and they are determined on a first come, first serve basis. We will try to approve as many requests as possible, but we may run out before the deadline. **CONFIRMATION:** Confirmations will be sent by email or phone within two weeks of applying. We reserve the right to decline a scholarship request based on past participation (e.g., non-payment of processing fee, non-participation, etc.). For Office use onlyPaid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**QUESTIONS:** Please contact Michelle Roach at 920-723-5571 or email at  selfdetermined@incontrolwisconsin.org. |