**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:**   |  |  | | --- | --- | | 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.   |  |  | | --- | --- | | 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 only  Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **QUESTIONS:** Please contact Michelle Roach at 920-723-5571 or email at   [selfdetermined@incontrolwisconsin.org](mailto:selfdetermined@incontrolwisconsin.org). |