



**PEER**  
CONNECTIONS

DBSA NATIONAL CONFERENCE  
2009 • INDIANAPOLIS, INDIANA

**DBSA 2009 National Conference**  
**September 10 – 13, 2009**  
**Application for Financial Support**

Application deadline: **May 15, 2009**

**PLEASE NOTE: To be eligible for this scholarship, DBSA must receive your completed application by fax, e-mail, online or U.S. Mail, postmarked on or before the deadline of May 15, 2009. Online applications can be submitted at [www.okdbsa.org/Scholarships2009](http://www.okdbsa.org/Scholarships2009).**

**Conference information is available at [www.okDBSA.org/Conference2009](http://www.okDBSA.org/Conference2009) or by calling (405)286-9370**

**Contact Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

DBSA Chapter/Support Group Name \_\_\_\_\_

I give DBSA permission to share my name, chapter and e-mail address with other CLF participants: YES NO (please circle one)

Please list any special dietary or accessibility needs: \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Demographic Information** (optional)

Gender	Age	Ethnicity	Sexual Orientation	Physical Disability	U.S.
<input type="checkbox"/> Male	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> 26 - 55	<input type="checkbox"/> American Indian	<input type="checkbox"/> Gay	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> 56+	<input type="checkbox"/> Black (not Hispanic)	<input type="checkbox"/> Lesbian		
		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bisexual		
		<input type="checkbox"/> White (not of Hispanic origin)			
		<input type="checkbox"/> Other			

**Additional Information**

On a separate piece of paper, please provide the review committee with the following information:

1. What are the reasons you wish to attend the conference?
2. How will you disseminate information obtained at this conference to local or statewide consumer groups?
3. What are the specific issues relating to mental health in which you are most interested?

**Scholarship Conditions**

Please note that, to be eligible for this scholarship, you must be a DBSA chapter participant. Scholarships will be **announced by June 1, 2009**. Chapter scholarships cover the registration fee, some meals, hotel expenses for four nights (single or double occupancy), and a reimbursement for up to \$250 in travel expenses. You will also be required to present written and oral reports to the OKDBSA Board of Directors and be willing to give a presentation to any chapter requesting a speaker.

**Please submit your completed application to**

OKDBSA  
Attn: Sandy Pruitt  
4501 N. Classen Blvd, Suite 108  
Oklahoma City, OK 73118  
Fax: (405) 286-9372 Phone: (405) 286-9370 E-mail: [dbsaED@coxinet.net](mailto:dbsaED@coxinet.net)