



CFPT Scholarship Application

Scholarship funds are used to assist individuals and groups attain training at conferences and workshops.

****application MUST be received in the OhioMHAS office 20 working days prior to the event registration deadline.**

****incomplete applications will not be considered and will be returned to the applicant.**

Date Submitted:

Name of Person Completing this Application:

Telephone Number:

Tax ID# (if applicable):

Address:

City:

Zip Code:

E-mail address:

Are you over 18: Yes No

Life Experience (choose all that apply):

Mental Health

SUD

Co-occurring

Family

Conference/Workshop Title: Please Attach Brochure

Location of conference/workshop:

Date of conference/workshop:

Are you a presenter? Yes No

If yes, please provide a description of your workshop/presentation:

Please list all persons requesting scholarships. Multiple requests will be awarded at the discretion of OhioMHAS. If requesting lodging, please include the name of each individual or family member for which a hotel room is being requested.

Name	Age	E-mail Address	Lived Experience		
			MH	SUD	Family

Conference/Workshop Expenses: This information applies to all individuals awarded. (NOTE: Checks will not be made payable to "individuals" unless it is for reimbursement)

Item	Actual Cost	Amount Requested	Approved Amount	Stipend	Reimbursement Amount Requested
Mileage – Only if you drove your own vehicle and did not ride with other people (please include a copy of MapQuest)					
Registration (please include completed form)					
Lodging (please include hotel information)					
Other (describe or attach description)					
Total Cost					

Please describe how the information you learned at the conference/workshop will benefit your community:

Please save a copy of this application to your desktop and then attach it to an email and sen it to: Sharon.fitzpatrick@mha.ohio.gov.

NOTE: All Community Family Partnership Team Program funds are considered sources of income and should be reported as such. If you have any questions about how or if receiving Community Family Partnership Team Funds may impact your entitlements, please contact a Certified Work Incentive or Benefit Planner.

Helpful Tips for Staying in a Hotel

- Bring a debit or credit card and photo identification for check in. Debit/credit cards are put on file to cover extra costs associated with the room including movies, telephone calls, fines for smoking in your room, or non-complimentary bottled water.
- If you need to call 911, please advise the front desk that 911 has been called.
- All hotel rooms in Ohio are non-smoking and fines for smoking in your room can range from \$250-\$350.
- The hotel will have designated smoking areas outside of the building
- Keep your door locked/closed at all times.
- Do not let anyone who is not registered with you stay in your room. You are responsible for any damage they may cause.
- Be mindful of your neighbors on your floor and in common areas.
- Keep your key with you at all times.
- Call ahead to ask questions. Not all hotels have free breakfasts, free coffee, or free parking.

Approved

Denied

Date Approved/Denied:

Community Recovery Initiatives Administrator Name:

Community Recovery Initiatives Administrator Signature: