

2016 ICADD Millennium Fund Scholarship Application

In the spring of 2015 the ICADD Foundation was awarded an Idaho Millennium Fund grant offering a limited number of conference scholarships to support attendance by rural providers of SUD treatment, prevention and coalition building groups. The ICADD Foundation is grateful to the Idaho State legislature for its support of ICADD's efforts to enhance the SUD education of those in rural Idaho communities.

Dates of conference:

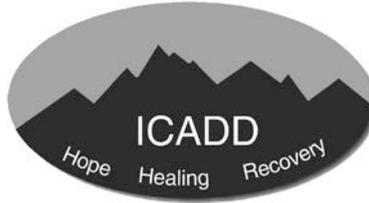
Pre-conference: May 16, 2016

General conference: May 17-19, 2016

Guidelines:

1. Only one scholarship application per person.
2. Only residents or employees of agencies within the State of Idaho are eligible for scholarships.
3. Scholarships are non-transferable.
4. If eligible, each applicant will be responsible for booking/paying for travel and lodging arrangements.
5. ICADD Foundation will not be responsible for costs associated with travel cancellations or changes.
6. ICADD will reimburse direct airline costs or IRS mileage rate in accordance with the regional guidelines below.
7. Reimbursement will ONLY be provided to those who provide proof of attendance at ICADD. Proof of attendance will be a copy of scholarship recipient 2016 CEU form, stamped at the conference.
8. Each scholarship will provide a full conference registration, plus reimbursements according to the following regional rates:

Region	Travel	Lodging
1	Up to \$250 total (receipts required if travel by air).	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
2	Up to \$250 total (receipts required if travel by air).	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
3	None	None
3	Beyond 30 miles of Boise State Student Union Building: up to \$100 total mileage reimbursement.	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
4	None	None
4	Beyond 30 miles of Boise State Student Union Building: up to \$100 total mileage reimbursement.	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
5	Up to \$175 total mileage reimbursement.	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
6	Up to \$225 total mileage reimbursement.	Up to \$95 per day of conference attendance (receipts required for each day of lodging).
7	Up to \$250 total mileage reimbursement.	Up to \$95 per day of conference attendance (receipts required for each day of lodging).

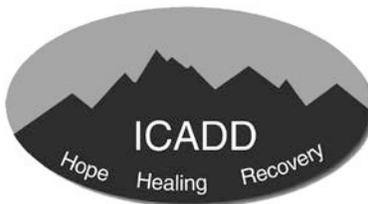


Timelines:

- o September 1-30, 2015: Regional Behavioral Health Boards (BHB) OR the ICADD Foundation will distribute and accept this scholarship application. **All applications must be submitted by 5:00 pm MST on September 30th.** Please refer to the following information regarding where to submit your application.

Region	Contact	Application Submittal Instructions
1	Angela Palmer, Phone: 208.667.2979 angela.palmer@sequelyouthservices.com	Mail application to: SAFS Attn: Angela Palmer 1200 Ironwood Drive, Suite 101 CDA, ID 83814
2	ICADD Foundation	Fax application to: 208.466.7693
3	ICADD Foundation	Fax application to: 208.466.7693
4	ICADD Foundation	Fax application to: 208.466.7693
5	Debbie Thomas	Fax application to: 208.734.4200, Attention: Debbie Thomas (Please call 208.934.8461 to advise of incoming faxed application) OR Email to: debbie@thewalkercenter.org
6	Janae Anderson, Phone: 208.234.7900 andersej@dhw.idaho.gov	Fax application to: 208.236.6328, Attention: Janae Anderson
7	Monica Martin, Phone: 208.528.5733 MartinM@dhw.idaho.gov	Fax application to: 208.528.5747, Attention: Monica Martin

- o September 1-30, 2015: The ICADD website will provide a copy of this scholarship application.
- o October 1-15, 2015: Each BHB will evaluate and rank order applications. All applications will be submitted to the ICADD Foundation for final evaluation by October 15th, 2015.
- o By February 1, 2016: Each applicant will be notified of the results of their scholarship application.



Applicant Information

Instructions to applicant:

1. Fill out pages 3 and 4.
2. Turn this application (pages 1 –5) into your Regional Behavioral Health Board OR The ICADD Foundation at 208.466.7693 for processing no later than September 30, 2015. See page 2 for instructions on where to submit this application based upon your region.

First name: _____ Last name: _____

Email address: _____
(Required: all notifications will be sent via email. Please ensure this information is correct)

Home address: _____

Work phone number: _____ (Home/Cell) phone number: _____

Agency name: _____

Agency address: _____

Department of Health and Welfare Region you are representing: 1 2 3 4 5 6 7

Are you a current student: Yes No

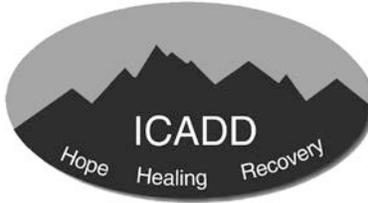
If yes, please provide a description of the degree you are working toward and year of progress in program:

Highest post-secondary education level: _____

What percentage of your time (in years) is committed to the following?:

1. _____ Direct service provider to treatment end users?
Years of service in this role _____?
2. _____ In-direct service provider (i.e.: management) to treatment end users?
Years of service in this role _____?
3. _____ Direct service provider to prevention end users?
Years of service in this role _____?
4. _____ In-direct service provider (i.e.: management) to prevention end users?
Years of service in this role _____?
5. _____ Volunteer for a community coalition?
Years of service in this role _____?
6. _____ Paid staff for a community coalition?
Years of service in this role _____?

Number of times you have attended ICADD in the past? _____



If you are a licensed or certified professional, please provide a list of your credentials.

Are you located in a rural location (check: <http://www.raconline.org/amirural/tool>)? Yes No

Are you willing to attend 3 or 4 days of the conference (Monday being a pre-conference skill building day)?
3 days 4 days

Please describe how attendance at ICADD will affect evidence based practice implementation (250 words or less).

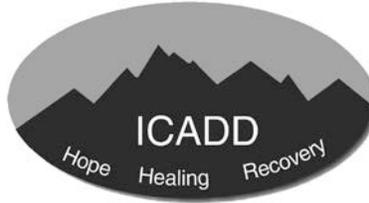
If applicable, please have your direct supervisor provide a referral note indicating support for this scholarship (250 words or less).

Direct supervisor name: _____

If eligible (see criteria on page 1), will you require lodging if selected as a scholarship recipient? Yes No
(Please note, if you select NO you will NOT be reimbursed for lodging).

If eligible (see criteria on page 1), please provide an estimate of your round trip mileage you will be requesting reimbursement for _____

OR
please indicate if flying will be your preferred method of travel to/from ICADD (Flying: Yes No).



BHB USE ONLY

This application must be submitted (faxed or scanned) by the BHB to the ICADD Foundation no later than October 15th, 2015

Regional Behavioral Health Board number: _____

Name of person processing this form for BHB: _____

The ICADD Foundation has created the following point system for ranking this application by BHB's. Please award 1 point for each of the following ICADD priorities met by the applicant:

_____ The applicant is a direct service provider or coalition volunteer.

_____ The applicant has 5 or fewer years providing direct services or working with a coalition.

_____ The applicant is from a rural community.

_____ The applicant has never attended ICADD.

_____ The applicant is a student.

_____ TOTAL PRIORITY POINTS

If faxing this processed application, please send to: 208.466.7624

If scanning/emailing this application, please send to: info@attenticadd.com

ICADD MF COMMITTEE USE ONLY

Application status: Approved Denied

Committee member reviewing this application: _____

Date reviewed: _____