



SUPPORTIVE HOUSING PROVIDERS ASSOCIATION

Working Together, We Can Accomplish Anything

Residents Scholarship Program

Application Process

Through the Residents Scholarship Program, the Supportive Housing Providers Association values participation from the permanent supportive housing residents and consumers. We provide advocacy, leadership development, and educational opportunities for the memberships' residents. Residents can come to the association meetings and conferences to learn about the specific campaigns SHPA is working on, get important updates within the state legislators, and network with other residents around the state. SHPA encourages residents' participation in the meetings and understands the financial burden participation can have. The Resident Scholarship Program was created to cover the travel expenses for residents attending the meeting/conferences and other events geared toward resident participation. We thank you for your interest in attending these events. We ask residents to submit their applications at least **3 weeks before** the meeting for processing. SHPA staff will review the applications, contact the potential recipient with any questions, and then notify the potential recipient one week before the event. If you have any questions regarding the application, the event, or any other questions, please contact Susan Day, Resident Leadership & Empowerment Program Manager, at 217-321-2476 x3 or via email at s.day@shpa-il.org.

Contact Information

Name:

Street Address:

City State, and ZIP Code:

Home Phone:

Work Phone:

E-Mail Address:

Organization/Agency:

Best way to contact you:

Application for the Resident Scholarship

Why are you interested in attending the Quarterly Meeting?

What does advocacy mean to you?

What leadership roles have you taken on in your organization or community?

Have you attended a SHPA Quarterly Meeting or event before? If so, which one(s)?

What do you hope to learn from this SHPA Quarterly meeting?

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Case Manager	

SHPA Commitment

The Resident Scholarship is designated for supportive housing residents who want to participate in our meetings as well as attend other advocacy events hosted by the Supportive Housing Providers Association. Residents who receive financial support are asked to continue their advocacy work through participation in the Residents Committee. We ask that residents identify at least two ways s/he would like to participate.

<input type="checkbox"/> Participate in monthly Resident Conference Calls	<input type="checkbox"/> Invite a Resident to the next Conference Call
<input type="checkbox"/> Make a submission to the SHPA Residents Newsletter	<input type="checkbox"/> Report your experience at the next Conference Call and/or at your supportive housing agency/organization

Accommodations

Please check all the accommodations you will need for the trip.

- | | |
|--|---|
| <input type="checkbox"/> Train Fare | <input type="checkbox"/> Transportation from train station to the hotel |
| <input type="checkbox"/> 1 night hotel | <input type="checkbox"/> Lunch at the Quarterly meeting |
| <input type="checkbox"/> Lunch for travels | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gas | |

Our Policy

Please allow Supportive Housing Providers Association **three weeks before** the meeting/event for processing. If you have any questions regarding the application, the Meeting/Event, or any other questions, please contact Susan Day, Resident Leadership & Empowerment Program Manager, at 217-321-2476 x3 or via email at s.day@shpa-il.org. The policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a recipient, I will respect the accommodations and commitments as well as appropriately all funds association with my acceptance of the funds.

Name (printed)	
Signature	
Date	