



2016 Young Adult Scholarship Application

Scholarship registrations includes:

- 1-Entire registration fee for Friday, Nov. 11, Saturday, Nov. 12, and Sunday, Nov. 13
- 2-Reservation for a **shared** hotel room for the nights of Friday, Nov. 11 and Saturday, Nov. 12 if you live outside of the conference area (NAMI-NYS will make your hotel reservations)

Name: _____

Age: _____ Sex: **Male** **Female**

NAMI-NYS Affiliate (if any): _____

College (if any) _____

Address: _____

Cell Phone #: _____

City, State, Zip: _____

Email: _____

Are you a person living with a mental illness or a family member? (please circle one)

Would you be interested in starting a NAMI on Campus? _____

Have you participated in a NAMI Signature Program? If so, please list:

Additional information you would like to share with NAMI-NYS:

Registration must be received by Friday, October 16th.

Please mail application to: NAMI-NYS Attn: Tammie Paradis 99 Pine St., Albany, NY 12207 Or fax to 518-462-3811
Or call 518-462-2000 if you have any questions, ask for Tammie

Recipients will be notified by Friday, October 23rd