**Leadership Empowerment and Advocacy Fund (LEAF) Scholarship Application**

Person/Family Making Request:

Contact Address:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Name of Conference/Workshop/Event:

Location of Conference/Workshop/Event:

Date of Conference/Workshop/Event:

Council Goal Area Addressed by Conference Attendance:

[ ]  Systems Change [ ]  Cross Disabilities [ ]  Empowerment

[ ]  Generic Change [ ]  Targeted Disparity [ ]  Stigma

Total Estimated Cost:

|  |  |
| --- | --- |
| Conference/Event Registration  | $ |
| Travel |   |   | $ | Amount Requested from Council:  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lodging |   |   | $ | Amount Funded by Another Source: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Food/Other Expenses | $ |
| Direct Care/ PAS worker | $ |
|  |  |  |   |
|  | Total |  | $ |

Other Persons Attending:



[LEAF Scholarship Documents Online](https://www.paddc.org/grant-funding-opportunities/leaf-scholarships/)

**For Internal Use Only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved [ ]  Denied

Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Applications to: ra-pwpaddc@pa.gov

Mail Applications to: PADDC LEAF

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 Harrisburg, PA 17110