



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:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Systems Change | <input type="checkbox"/> Cross Disabilities | <input type="checkbox"/> Empowerment |
| <input type="checkbox"/> Generic Change | <input type="checkbox"/> Targeted Disparity | <input type="checkbox"/> Stigma |

Total Estimated Cost:

| | |
|-------------------------------|----|
| Conference/Event Registration | \$ |
| Travel | \$ |
| Lodging | \$ |
| Food/Other Expenses | \$ |
| Direct Care/ PAS worker | \$ |
| Total | \$ |

Amount Requested from Council: \$ _____

Amount Funded by Another Source: \$ _____

Other Persons Attending: _____

LEADERSHIP ♡ **EMPOWERMENT** ♡ **AND** ♡ **ADVOCACY** ♡ **FUND**

[LEAF Scholarship Documents Online](#)

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

Mail Applications to: PADDCC LEAF

2330 Vartan Way, Suite 130
Harrisburg, PA 17110

For Internal Use Only:

Date Received: _____

Approved Denied

Reviewer Signature: _____