



Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual(s) Attending with You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all applicable boxes:**

I am a person with a developmental disability

I am a family member or legal guardian of a person with a developmental disability

I live in Pennsylvania

I am paid to work on a PADDC project

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

**LEAF Scholarship Pre-Event Questionnaire**

1. How will attending this event increase your advocacy and knowledge?
2. How will this event improve everyday life for you and/or your family?
3. How and with who, will you share what you learn, and/or the materials you receive at the event, to help improve their everyday life?



Email Applications to: ra-pwpaddc@pa.gov

Mail Applications to: PADDC LEAF

 2330 Vartan Way, Suite 130

 Harrisburg, PA 17110

\*\*Please include proof of the event, such as: event flyer, schedule/agenda, registration page and fees, etc. - or tell us in your email where to find these details on the internet.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Pennsylvania Developmental Disabilities Council is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $3,095,416.00 with 100 percent funding by ACL/HHS. Council efforts are those of the grantee and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.