



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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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