

## HRSA Program Application for Funding to Attend Conference, Event, Training or Workshop

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program:      Social Work      School Counseling      Clinical Mental Health Counseling

HRSA Grant Program:      BHWET      OWEPE

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

Web address for the event: \_\_\_\_\_

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

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_      Registration Cost\*: \_\_\_\_\_

\*Attach a screen shot or pdf of the registration cost structure; if you are selecting a member rate include your membership # here \_\_\_\_\_.

Are you able to drive to this event?      Yes      No      Virtual Option

Additional estimated travel cost(s), including but not limited to flight, hotel, etc.:

Have you been accepted to present at this event?      Yes      No

If yes, what is your presentation topic/title?

If yes, who else is presenting with you?

Is this event focused on evidence-based practices?      Yes      No

Briefly describe how and why this event applicable to your practice as a social worker, clinical mental health counselor, and/or school counselor.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email your completed form to Jenkins\_M@calu.edu