AUCD Conference Scholarship Application Form

Please complete this application and submit via the scholarship application site along with a letter of support from your Center Director or Associate Director no later than Friday, September 18, 2015.

Please complete the following regarding your eligibility to receive an AUCD Conference Scholarship:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your AUCD Network Center Affiliation, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Years with the network: \_\_\_\_\_\_\_\_
4. I am a (check all that apply):
   1. Self-advocate \_\_\_\_\_\_\_\_\_\_\_
   2. Family member \_\_\_\_\_\_\_\_\_
   3. Early career professional (5 years or less in the network – not a current trainee) \_\_\_\_\_\_
5. Respond to the following about why you should be considered for an AUCD Conference Scholarship:
6. Why would you like to attend the AUCD Conference?
7. What do you hope to gain from the Conference experience?
8. What makes you an emerging leader?
9. How has the AUCD network benefitted from your leadership?
10. Briefly describe your professional goals for the next 3-5 years.
11. What makes you unique as an emerging leader?