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# 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 October 26, 2020.**

1. Name:
2. AUCD Network Affiliation:
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 experience in the network – not a current trainee)
5. Why would you like to attend the AUCD 2020 Virtual Conference?
6. What do you hope to gain from the virtual Conference experience?
7. What makes you the perfect candidate to receive a Conference Scholarship?
8. How has the AUCD network benefitted from your leadership?
9. Briefly describe your professional goals for the next 3-5 years.
10. What unique perspective do you think you could bring to the virtual AUCD Conference?