



Scholarship Application

Everyday Lives Conference

January 7, 2019 – January 9, 2019

The Hershey Lodge

Name: _____

Address: _____

City: _____ County: _____ Zip _____

Cell Phone: _____ Email: _____

Are you?

Family Member:

Self-Advocate:

Will anyone else be attending with you? Please include their name and relationship (*Family member/Self-Advocate/Direct staff*).

Name: _____ Relationship: _____ Need Separate Rooms? YES NO

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- ODP will waive registration cost for one staff person to attend the conference.
- The Council will cover the cost of registration and hotel for self-advocates and their immediate family members. A group dinner will be provided on both evenings of the conference.

How will you use the information and resources to improve your everyday life for yourself or your loved one? _____

If you work in the disability field, does your employer offer support for you to attend?

YES NO

How many miles will you be traveling to get to and from the Hershey Lodge? _____

(Hotel address: 325 UNIVERSITY DRIVE, HERSHEY, PA 17033)

Do you receive services that will cover the cost of transportation?

YES NO



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Which nights do you plan to stay at the hotel? (Please check that apply)

1/6

1/7

1/8

1/9

Do you need any assistance arranging your travel plans?

YES

NO

All selected scholarship participants must agree to complete an evaluation form for the PADDCC. Do you agree to complete an evaluation form for the PADDCC?

YES

NO

****Please submit this scholarship application to the following address/email:****

Everyday Lives Scholarships
PA Developmental Disabilities Council
2330 Vartan Way, Suite 130
Harrisburg, PA 17101

Email: Ra-PWPADDC@pa.gov

All Forms must be received by December 24th.

