



## Scholarship Application for DBH Treatment Grantees

The State of Alaska, Division of Behavioral Health is excited to make available scholarship funds for **Behavioral Health treatment grantees** to attend a special training session focused on Infant & Early Childhood Mental Health with the additional opportunity to participate in training on Child, Adolescent and Family Behavioral Health. These funds are offered in partnership with the Office of Children’s Services and the Division of Behavioral Health and the Alaska Mental Health Trust Authority:

***Infant & Early Childhood Mental Health Institute – March 30<sup>th</sup> – April 1<sup>st</sup>, 2020***  
***Child, Adolescent & Family Behavioral Health Conference – April 1<sup>st</sup> – 3<sup>rd</sup>, 2020***  
***at the Dena’ina Center Anchorage***

Registration Link: [2020 IECMHI and CAFBHC](#)

These funds are targeted towards participants who are not employees of the Department and are limited to behavioral health grantee agencies. Scholarships are limited to one per agency according to the payment schedule below (submit application to determine scholarship amount for other communities). Funding will be prioritized for attendees who will participate in the full conference, and to distribute funding geographically. Proof of attendance is required for payment.

Agency Location	To Attend 1 Day of the Conference	To Attend 2 Days of the Conference	To Attend 3 Days of the Conference	To Attend 4 Days of the Conference	To Attend All 5 Days
Anchorage	\$20	\$40	\$60	\$80	\$100
Bethel	\$500	\$650	\$850	\$1,050	\$1,250
Dillingham	\$850	\$1,000	\$1,200	\$1,400	\$1,600
Fairbanks	\$450	\$600	\$800	\$1,000	\$1,200
Homer	\$500	\$650	\$850	\$1,050	\$1,250
Juneau	\$550	\$700	\$900	\$1,100	\$1,300
Ketchikan	\$900	\$1,050	\$1,250	\$1,450	\$1,650
Kodiak	\$725	\$875	\$1,075	\$1,275	\$1,475
Mat-Su Valley*	\$85	\$170	\$255	\$340	\$425
Metlakatla**	\$1,075	\$1,225	\$1,425	\$1,625	\$1,825
Nome	\$700	\$850	\$1,050	\$1,250	\$1,450
Seward	\$400	\$550	\$750	\$950	\$1,150
Sitka	\$700	\$850	\$1,050	\$1,250	\$1,450
Soldotna (Kenai)	\$425	\$575	\$775	\$975	\$1,175

## Application Process:

1. If you are interested in receiving financial support to attend the 2020 Infant & Early Childhood Mental Health Institute (IECMHI) and the Child, Adolescent and Family Behavioral Health Conference (CAFBHC) please email the attached application to [deedee.raymond@alaska.gov](mailto:deedee.raymond@alaska.gov) or [Kristina.weltzin@alaska.gov](mailto:Kristina.weltzin@alaska.gov), or you can fax your application to (907) 465-2185 no later than Friday, March 20, 2020. Funds are limited and once they have been fully allocated, the application process will be closed. You will be notified if your application is approved and receive a registration conference code.
2. Once your application is approved, you will need to register on the official website.

[Click here to register](#)

3. Participant Support for behavioral health grantees will be dispersed upon completion of the training. Proof of attendance must be sent no later than May 25, 2020 to Child Welfare Academy, Attention: Marianne Mahon, 1901 Bragaw St., Suite 105, Anchorage, AK 99508, or emailed to [mmahon@alaska.edu](mailto:mmahon@alaska.edu). Proof of attendance can also be fax to (907) 786-6735 for payment to be made.

\*\*The official hotel for the IECMHI and the CAFBHC is the Marriott Anchorage Downtown, 820 West 7<sup>th</sup> Avenue, Anchorage, AK 99501. The Marriott Anchorage Downtown is located at the corner of 7<sup>th</sup> Avenue and I Street in downtown Anchorage. Rooms are available for \$129 plus 12% tax. The Hotel Group Code: *Infant & Early Childhood Mental Health* must be referenced to receive the discounted rate. You will be responsible for making your own reservations. Please check the website for reservation deadlines. All meetings and workshops will be held at the Dena'ina Civic and Convention Center, 600 W. 7<sup>th</sup> Avenue, Anchorage.

[To Book your discounted rate for the IECMHI and CAFBH Conference](#)

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Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Agency EIN: \_\_\_\_\_

Participant:

Name and Work Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which full days will you attend?

Monday     Tuesday     Wednesday     Thursday     Friday

Give a brief description of how your attendance will benefit your organization or community:

\_\_\_\_\_  
*Signature and Title of Authorized Representative of Agency* *Date*

Approved:

\_\_\_\_\_  
*DeeDee Raymond, Division of Behavioral Health* *Date*