



Scholarship Application Head Start Mental Health Consultants

The State of Alaska, Department of Health & Social Services is excited to make available scholarship funds for **Head Start Mental Health Consultants** to attend a special conference focused on Infant & Early Childhood Mental Health with the additional opportunity to participate in the Child, Adolescent and Family Behavioral Health Conference. These funds are offered in partnership with the Office of Children's Services, the Division of Behavioral Health and the Alaska Mental Health Trust Authority:

***Infant & Early Childhood Mental Health Institute
March 30th – April 1st, 2020
Child, Adolescent & Family Behavioral Health Conference
April 1st – April 3rd, 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 Mental Health Consultants working with Head Start grantees. Approved applicants will receive paid registration fee plus travel (airfare, lodging, per diem and ground transportation) according to the payment schedule below and are limited to one per agency/consultant. An attempt will be made to distribute the funds geographically, submit application to determine scholarship amount for other communities not listed below. Participants receiving financial support are required to participate in all days registered. Proof of attendance is required for payment.

Agency Location	3 Day IECMHI	To Attend Full Week
Anchorage	\$60	\$100
Bethel	\$850	\$1,250
Dillingham	\$1,200	\$1,600
Fairbanks	\$800	\$1,200
Homer	\$850	\$1,250
Juneau	\$900	\$1,300
Ketchikan	\$1,250	\$1,650
Kodiak	\$1,075	\$1,475
Mat-Su Valley*	\$255	\$425
Metlakatla**	\$1,425	\$1,825
Nome	\$1,050	\$1,450
Seward	\$750	\$1,150
Sitka	\$1,050	\$1,450
Soldonta (Kenai)	\$775	\$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 shirley.pittz@gmail.com or you can fax your application to (907) 786-6735 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 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. 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 7th Avenue, Anchorage, AK 99501. The Marriott Anchorage Downtown is located at the corner of 7th 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. 7th Avenue, Anchorage.

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

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Infant & Early Childhood Mental Health Institute – March 30th – April 1st, 2020

Child, Adolescent & Family Behavioral Health Conference – April 1st – April 3rd, 2020
at the Dena'ina Center Anchorage

Consultant:

Name and Work Title: _____

Physical Address: _____

Mailing Address: (if different) _____

City: _____ State: ___ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Agencies of Head Start grantees that you provide mental health consultation for:

Reimbursement Information (Agency OR Individual Consultant):

Agency: _____

Mailing Address: _____

Agency EIN: _____

OR

Individual Consultant (Federal W9 must be provided): _____

Which days will you be attending?

Monday-Wednesday (IECMHI) Full Week

Give a brief description of how your attendance will benefit your work with Head Start:

Signature and Title of Signature of Mental Health Consultant *Date*

Signature and Title of Authorized Representative of Head Start Grantee *Date*

Approved:

Signature Conference Official *Date*