

ALL HANDS ON DECK



NYS COALITION FOR CHILDREN'S BEHAVIORAL HEALTH
Annual Staff Development Training Forum
November 27-28, 2018
Saratoga Hilton, Saratoga Springs, NY

Stay the Course for Children and Families

FAMILY AND YOUTH SCHOLARSHIP FORM

Name: _____

Address: _____

City, State, Zip: _____

INFO@CBHNY.ORG

Mobile Phone: _____ Work Phone: _____

Email: _____

Age of Child with Serious Emotional Disturbance: _____

1. How will attending this conference help you and/or your family?
How will you use the information?

2. Are you able to share this information with other families / youth? If
yes, in what ways?

3. From what agency(ies) are you, your child, and
your family currently receiving services? What
services are your child and family receiving?

4. Have you ever received a
scholarship from the Coalition in the
past to attend their conference?

YES NO

*If yes, in what year(s) did you receive
the scholarship?*

THANK YOU!