

Scholarship Request
Kentucky Association of Community Health Workers (KYACHW) Conference
September 19, 2019
Embassy Suites, Lexington, Kentucky



Name: _____ Date: _____

Organization: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) ____ - _____

How did you hear about the KYACHW Conference?: _____

Does your organization currently employ CHWs?: ___ YES ___ No

Do you identify yourself as a CHW? ___ Yes ___ No

Are you currently working as a CHW ___ Yes ___ No If yes how long? _____

What do you hope to learn by attending the conference?

___ I am not receiving reimbursement from my employer for this conference

___ I will participate in a post conference interview on the CHW certification process

You will receive notification of acceptance for the scholarship prior to attending.

If accepted for a scholarship, please include mileage at .41 cents per mile and paid invoice for hotel if staying overnight. Meals are provided at the conference and not reimbursable.

*Please submit your request for scholarship by **August 18, 2019** to Katherina Hamilton listed below. There is no committee review, based on first come first served and limited to 10 applicants. The reimbursements up to \$200 will need to reach her no later than **October 18, 2019.***

Kentucky Association of Community Health Workers
Attn: Katherina Hamilton, Treasurer
750 Morton Blvd
Hazard, KY 41701

Please Note: Attendance at the conference is **REQUIRED**. Checks will be mailed within 30 days after receipt of invoices to the address you provided above.