

# Bonnie Schell Scholarship Application Form

## ONLY ONE NAME PER APPLICATION

If you need assistance completing this application, please contact Cardinal Innovations at [scholarship@cardinalinnovations.org](mailto:scholarship@cardinalinnovations.org).

### \*Required Information

\*Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: North Carolina \*ZIP: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_ \*Work: \_\_\_\_\_

\*Email: \_\_\_\_\_

### \*Disability Connection

To meet the criteria for receiving funds from the Bonnie Schell Scholarship fund, it is essential that the following information is completed. (Incomplete applications may be returned to applicants for completion.)

Check all that apply (see definitions in guidelines):

I am a person with a  
 mental illness disorder,  
 developmental disability, or  
 substance use disorder

My family member has a  
 mental illness disorder,  
 developmental disability, or  
 substance use disorder

I am a parent or guardian of a person with a  
 mental illness disorder,  
 developmental disability, or  
 substance use disorder

### \*Training and/or Conference You Plan to Attend and Seek Financial Assistance

(NOTE: With this application, you MUST submit the **Official** brochure with training and/or conference description, agenda/schedule and registration form **or** the same information copied from the official training and/or conference website.)

Amount requested: \$ \_\_\_\_\_ Training/Conference Date: \_\_\_\_\_

Name of Training/Conference: \_\_\_\_\_

Location: \_\_\_\_\_

Have you attended this training/conference before?  Yes  No If yes, date last attended: \_\_\_\_\_

Website address about this training/conference (if available): \_\_\_\_\_

Have you received funding from the Bonnie Schell Scholarship before?  Yes  No

If yes, for what event? \_\_\_\_\_

Date attended: \_\_\_\_\_ Amount received: \$ \_\_\_\_\_

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**\*Other Funding Opportunities**

To ensure that other funding sources have been pursued, have you sought assistance from other sources, if so, where?

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What were the outcomes? \_\_\_\_\_

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**\*Statement of Purpose**

In the space provided below, please write a brief statement explaining your goals related to this particular event. If additional space is needed, please add on separate page.

Answer these 3 questions:

1. What is it you hope to learn/achieve by attending?

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2. What will you do with the information you receive at this event?

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3. How will you share the information with others in your community?

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I have read and meet the criteria of the guidelines, meet one or more of the definitions set forth in the guidelines, and completed this application with all information requested. I have also enclosed the official brochure/flyer with training and/or conference description, agenda/schedule and registration form or the same information copied from the official training and/or conference web page or website.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLAIMER:**

An award from the Bonnie Schell Scholarship fund is not an entitlement. The CFAC-Steering Committee (CFAC-SC) reserves the right to use discretionary judgment on any application they deem appropriate.

Please note that applications are due **45 days prior** to the start of the training and/or conference. Applications received less than **45 days prior** to the training and/or conference will be returned without consideration.

***Incomplete applications may be returned to applicants for completion.***

**Mail or Email to:** Cardinal Innovations Healthcare  
Community Operations  
Attention: Bonnie Schell Scholarship Fund  
550 South Caldwell Street, Suite 1500  
Charlotte, NC 28202  
Email: [scholarship@cardinalinnovations.org](mailto:scholarship@cardinalinnovations.org)