

HRSA Program Application for Funding to Attend Conference, Event, Training or Workshop

Name: _____ Date: _____

Program: Social Work School Counseling Clinical Mental Health Counseling

HRSA Grant Program: BHWET OWEP

Event Name: _____

Web address for the event: _____

Event Location: _____

Event Date(s): _____ to _____ Registration Cost*: _____

*Attach a screen shot or pdf of the registration cost structure; if you are selecting a member rate include your membership # here _____.

Are you able to drive to this event? Yes No Virtual Option

Additional estimated travel cost(s), including but not limited to flight, hotel, etc.:

Have you been accepted to present at this event? Yes No

If yes, what is your presentation topic/title?

If yes, who else is presenting with you?

Is this event focused on evidence-based practices? Yes No

Briefly describe how and why this event applicable to your practice as a social worker, clinical mental health counselor, and/or school counselor.

Student Signature: _____ **Date:** _____

Email your completed form to Jenkins_M@pennwest.edu