**SC HIV, STD, and Viral Hepatitis Conference**

**2020 Scholarship Information**

The South Carolina HIV, STD, and Viral Hepatitis Conference will be held October 28-29, 2020 at the Columbia Metropolitan Convention Center in Columbia, S.C. Twenty scholarships will be awarded to people living with HIV or AIDS (PLWHA) who would not be able to attend without assistance. Conference attendees will have the opportunity to learn new facts about HIV, STD, and HCV treatment, prevention, and care. In addition, recipients will also explore ways to become engaged in education, advocacy, prevention, intervention, and care efforts in their communities.

To apply for the scholarship, applicant must complete the scholarship application and provide all required documents in one packet by the due date. Incomplete application packets will not be considered. Completed application packets should be sent to the address below**\***.

**The scholarship pays for the conference registration fees only (including breakfast and lunch). Scholarship recipients will be responsible for all travel and hotel costs. Since the scholarship award is limited to registration fees only,** scholarship applicants are encouraged to ask their local CBO (Community Based Organization) or ASO (AIDS Service Organization) if they can sponsor travel and/or hotel costs **before** the**y** complete the application for a scholarship.

**Applications must be received by Wednesday, June 30, 2020 (NO EXCEPTIONS).**

**You must fill out every part of the form. Incomplete applications will NOT be reviewed.**

**If you have any questions or need assistance in completing and submitting your application, please contact Inez Morris@ 864-787-2845 or inezmorris54@gmail.com.**

**You must send completed application forms and supporting documents online via the conference website** [**https://www.schiv-stdconference.org**/](https://www.schiv-stdconference.org/) **or can be mailed to: Conference Scholarships C/O AID Upstate, Attn: Inez Morris, P.O. Box 105, Greenville, SC 29602. All forms must be either completed online via the conference website or mailed. Fax or Emailed forms will NOT be accepted.**

**\*If you are chosen for a scholarship, we will contact you by Friday, July 31, 2020 via email or mail.**

**Please read everything below and complete the Scholarship Application.**

1. **Contact Information:** Please print the name, address, and contact information of the scholarship applicant. All information will be kept confidential and will NOT be shared with anyone else. Please print neatly or type this information. Fill in your complete name, mailing address, and phone number.
2. **Statement of Interest:** Please submit a one-page typed statement explaining why you want a scholarship for this conference. Tell us what you will do as a result of attending the conference. Your statement must include how you plan to become engaged in education, advocacy, prevention/intervention/care efforts in your community, after attending the conference and receiving the scholarship. Please give us as much information as you can so we may select the best applicants. **All statements must be typed on a separate 8 1/2 x11 sheet of paper or if application completed online it must be uploaded with your completed application.**
3. **Recommendation Letter:** A typed recommendation letter that must come from your ASO (AIDS Service Organization), doctor, case manager or health care provider. The Scholarship Committee anticipates more applications will be received than can be funded; therefore, scholarships will be selected through a competitive process. We will use this letter to make sure you qualify for the scholarship and to assist in the selection process. Have the person you choose to a write a letter of recommendation to attach it to your application form. **All recommendations must be typed and on letterhead of ASO, doctor, case manager or health care provider. Handwritten letters and letters not written on letterhead will not be accepted.**

**REMEMBER… Conference Date-October 28-29, 2020.**

**If you have any questions or need assistance in completing and submitting your application, please contact Inez Morris@864-787-2845 or** [**inezmorris54@gmail.com**](mailto:inezmorris54@gmail.com)**.**

**DEADLINE IS Tuesday, June 30, 2020!! If it is late, the review team will not read it! If you have questions, please call Inez Morris (864)787-2845 or email inezmorris54@gmail.com.**

**Complete applications online** [**https://www.schiv-stdconference.org/**](https://www.schiv-stdconference.org/) **or Mail application forms to:**

**\*SC HIV, STD, and Viral Hepatitis Conference Scholarships, C/O AID Upstate**

**Attn: Inez Morris, P.O. Box 105, Greenville, S.C. 29602**

**2020 Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Office/Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Have you ever received a Scholarship from the SC HIV/STD Conference?** \_\_\_**Yes** \_\_\_**No**

**If yes, how many years have you received a Scholarship? \_\_\_\_\_ Which Year(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the year(s) you have attended the SC HIV/STD Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Statement of Interest for New Applicants:** On a separate sheet of paper please tell us: (1) why you want a scholarship to attend this conference, (2) what will you do as a result of attending the conference; tell us how you will demonstrate a commitment to education, advocacy, prevention/intervention, and/or care services efforts in your community after receiving the scholarship, and (3) how attending the conference will benefit you. Statement must include how you plan to become engaged in and support education, advocacy, prevention/intervention/care efforts in your community, after attending the conference and receiving the scholarship. Please give us as much information as you can to help the Scholarship Committee select. **BE SURE TO RESPOND TO EACH ITEM IN THIS SESSION. PLEASE LIMIT TO ONE TYPED PAGE.**

**If you are a previous scholarship recipient, describe at least one thing you learned in a previous conference and how you were able to apply or use what you learned in your personal life and to advance education, advocacy, prevention/intervention, and/or care services efforts in your community.**

**3. Recommendation: A one-page typed letter of recommendation is REQUIRED from the applicant’s ASO, doctor, case manager or health care provider and must be included in the application packet. The letter should clearly state why the reference feels that the applicant has the interest, availability, ability, and commitment to education, advocacy, prevention/intervention, and/or care services efforts in their community. The letter must include information regarding the applicant’s work and life experiences, along with interpersonal skills the applicant possesses that will assist them with providing education, prevention, intervention and care services. The reference should share their observation of specific work that the applicant has been engaged in or completed in the community. (*For Example: The applicant volunteers each week to greet clients and to answer the telephone at the Prevention Resource Center and serves as a mentor.)***

**PLEASE NOTE: DEADLINE IS Tuesday, June 30, 2020.**

**Remember: Statement of interest and letter of recommendation must be typed. All recommendations must be typed and on letterhead of ASO, doctor, case manager or health care provider.**

**Applications received after June 30, 2020 will NOT be accepted! Incomplete applications will NOT be reviewed. Faxed and e-mailed applications will NOT be accepted. If you have questions, please call Inez Morris (864)787-2845 or email** [**inezmorris54@gmail.com**](mailto:inezmorris54@gmail.com)**.**

**APPLICATION FORM, TYPED STATEMENT, TYPED LETTER OF RECOMMENDATION AND CHECKLIST SHOULD completed online via the conference website:** [**https://www.schiv-stdconference.org/**](https://www.schiv-stdconference.org/) **or MAILED TO:**

**\*HIV, STD, and Viral Hepatitis Conference Scholarships**

**C/O AID Upstate, Attn: Inez Morris**

**P.O. Box 105, Greenville, S.C. 29602**

**SC HIV, STD, and Viral Hepatitis Scholarship Checklist Form**

**\*\*Scholarship Checklist Must Be Included in the Scholarship Application Packet\*\***

**Eligibility Requirements and Guidelines**

**Only South Carolina residents are eligible to apply.**  **Only people living with HIV/AIDS (PLWHA) are eligible to apply**. **Employees of ASO/CBOs are not eligible to apply.**  **Applications must be submitted by Tuesday, June 30, 2020 via online or postmarked.**

**Please place a check by each item included in your packet. Incomplete applications and/or packets will NOT be considered.**

**\_\_\_\_ I meet all eligibility requirements listed above.**

**\_\_\_\_ Scholarship application form is included, and all questions are answered completely. I did not leave any section blank.**

**\_\_\_\_ Typed one-page statement of interest is included.**

**\_\_\_\_ Typed Letter of Recommendation is included from my AIDS Service Organization (ASO), doctor, case manager or care provider.**

**\_\_\_\_ I give permission for the scholarship committee to notify my case manager or AIDS Service Organization that I have applied for this scholarship.**

**Name of ASO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ I have read signed the statement below and this form has been included in my packet. I understand that the scholarship pays for the conference REGISTRATION FEES ONLY (INCLUDING BREAKFAST AND LUNCH). I am responsible for my own lodging and transportation. I understand that I am expected to take full advantage of all sessions. I will notify the SC HIV, STD and Viral Hepatitis Conference Scholarship Committee immediately if I am unable to attend, or if there are any changes in my contact information. I understand that scholarships are non-transferable.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_