



Scholarship Application

Please fill out the following information. All fields required.

DEADLINE: Email completed application by **5:00pm CST, Monday, February 29, 2016** to conference@dcac.org

First Name: _____ Last Name: _____ MI: _____

Company: _____ Title: _____

Work Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Email: _____ Primary phone: _____

Have you attended the CAC Conference before? Yes No

If yes, how many years have you attended? _____ If no, has someone from your organization attended before? _____

How long have you been working in your current position?	Less than 1 year	5-10 years
	1-3 years	10-15 years
	3-5 years	15 years or more

How long have you been working with child victims of crime?	Less than 1 year	5-10 years
	1-3 years	10-15 years
	3-5 years	15 years or more

In your current position, how does your role impact the multi-disciplinary team? (100 words maximum)

How would attending this conference benefit you and your community? (300 words maximum)

I understand that this scholarship covers only the cost of registration, and that I am still responsible for the cost of lodging, travel, and meals. Please check the box to the right to indicate your understanding.