



WRIGHTSLAW CONFERENCE - 12/07/15

Scholarship Application

Contact Information

Full Legal Name

Street Address

City

State

Zip Code

Regional Center UCI #

Title

Phone Number

E-Mail Address

Contact Person
(if different)

Title

Phone Number

E-Mail Address

**Tell us who you are and reason
for requesting scholarship**
(350 characters or less)

**Brief description of what you
will do with the information
gained from the conference**
(500 characters or less)

**Advocacy efforts, other
training, conferences you have
attended**
(200 characters or less, include
age groups, race & ethnicity,
income levels, etc.)

Proposal Request

Requested Amount

Did you attend the last Wrightslaw Conference 11/21/14?	Yes
	No

Are you willing to volunteer before, during or after the conference?	Yes
	No

Check this box if you certify all
information is accurate and true
to the best of your knowledge

Contact AOTS Group by email: [eventmgmt |at| aotsgroup.com](mailto:eventmgmt@aotsgroup.com) or by mail:
AOTS Group, 41593 Winchester Road, Suite 200, Temecula, CA 92590