



Bridging the gaps:  
New opportunities,  
New expectations

South Carolina HIV, STD, and  
Viral Hepatitis Conference  
October 19-20, 2016

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## 2016 Scholarship Information

The South Carolina HIV, STD, and Viral Hepatitis Conference will be held October 19-20, 2016 at the Columbia Metropolitan Convention Center in Columbia, S.C. Twenty scholarships will be awarded to people living with HIV/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, you 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 mailed to the address on the application.

**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 they complete the application for a scholarship.**

Please find the following information attached:

Page 2.....Eligibility Criteria and Application Instructions

Pages 3 & 4..... Application Form

Page 4.....Checklist

**Applications must be received by Friday, August 19, 2016  
(NO EXCEPTIONS).**

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

## **Eligibility Criteria**

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- 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.

## **Application Instructions**

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**Please read all instructions before completing the Scholarship Application Form.**

- 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.**
- 3. Recommendation Letter:** Please submit a typed recommendation letter from your ASO (AIDS Service Organization), doctor, case manager or 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 write a letter of recommendation and attach it to your application form. **All recommendations must be typed and on letterhead of ASO, doctor, case manager or care provider. Handwritten letters and letters not written on letterhead will not be accepted.**
- 4. Mail Application Form with letters (to be received by Friday, August 19) to :**

SC HIV, STD, and Viral Hepatitis Conference Scholarships  
C/O AID Upstate  
Attn: Inez Morris  
P.O. Box 105, Greenville, SC 29602

## Scholarship Application Form – Page 1 of 2

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### 1. Contact Information:

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

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

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

Cell: \_\_ (        ) \_\_\_\_\_ Other Number: \_\_ (        ) \_\_\_\_\_

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 (with or without a scholarship): \_\_\_\_\_

**2. Statement of Interest:** 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 make a selection. **PLEASE LIMIT TO ONE TYPED PAGE.**

**3. Recommendation Letter:** **A one page typed letter of recommendation is REQUIRED from the applicant's ASO, doctor, case manager or 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.*)

## Scholarship Application Form – Page 2 of 2

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### 4. Mail Application Form with letters (to be received by Friday, August 19) to :

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C/O AID Upstate  
Attn: Inez Morris  
P.O. Box 105, Greenville, SC 29602

### Application Checklist

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- ☐ I meet all eligibility requirements to apply for this scholarship.
- ☐ *Section 1. Contact Information* is completed and included in the packet to be mailed. If my contact information changes, I will notify Inez Morris immediately at the contact info below.
- ☐ *Section 2. Statement of Interest* is completed and the one page, typed statement is included in the packet to be mailed.
- ☐ *Section 3. Recommendation Letter* is completed and the one page, typed letter from my ASO, doctor, case manager or care provider on letterhead is included in the packet to be mailed.
- ☐ I have read the following statement, signed below and will include it in the packet to be mailed:

I understand that this scholarship pays for the conference registration fees only (includes breakfast and lunch at the conference). I am responsible for my own lodging and transportation. I understand that I will be expected to take full advantage of all sessions. I will notify Inez Morris immediately if I am not able to attend, or if there are changes in my contact information. I also understand that scholarships are not-transferable and I will be notified by Sept. 2 if I have been awarded a scholarship.

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

- ☐ I am mailing these documents including this completed CHECKLIST (to be received by Friday, August 16) to the address noted at the top of the page.

**Questions? CONTACT: Inez Morris (864)787-2845 or inezmorris54@gmail.com**