

**2009 Adolescent Sexuality Conference**  
**April 6-7, 2009**  
**Seaside Convention Center**  
***Today's Youth – Tomorrow's Voice***

**SCHOLARSHIP REQUEST**

Scholarship waives conference registration fee.  
**SCHOLARSHIP REQUEST FORM DUE NO LATER THAN MARCH 2, 2009**

Person Requesting Scholarship: \_\_\_\_\_

Organization: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you attended this conference previously?                      Yes                      No

Why do you need this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you use what you learn at the conference? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Scholarships are offered to ensure greater accessibility to the community. We are asking scholarship recipients to provide volunteer time to help with this year's conference. Please select how you would prefer to help:**

At the registration desk onsite

Stuff attendee packets

Help with the evening activity

Workshop Monitor

Other (Please contact Lila for additional options)

Please submit scholarship request to:  
Conference Committee c/o Lila Duncan  
STD Project Coordinator  
Oregon Department of Human Services  
800 NE Oregon Street, Room 1105  
Portland, OR 97232  
Phone: 971-673-0163 Fax: 971-673-0178  
[Lila.m.duncan@state.or.us](mailto:Lila.m.duncan@state.or.us)

Please mark appropriate box:

Youth

Adult