

# A Multicultural Caribbean United Against HIV/AIDS

Santo Domingo, Dominican Republic  
March 5–7, 2004

## SCHOLARSHIP APPLICATION

A limited number of scholarships are available to cover expenses related to travel and accommodations. If you wish to apply for a scholarship to attend the conference, please complete and submit this application in the postage-paid envelope provided or send it to the address on the back of this form.

In addition to mail, this form can be returned via fax to **1-301-628-3101**. **Individuals applying for a scholarship do not need to complete the Registration and Housing Forms.**

Applications must be postmarked no later than **October 20, 2003**. Applications postmarked after the October 20, 2003, deadline, or with incomplete information, will not be considered.

### PURPOSE AND GUIDELINES

The Scholarship Program seeks to bring to the conference a broad representation of individuals who have demonstrated experience and potential to become active in HIV/AIDS-related activities in their communities. Scholarships will be awarded on a competitive basis to individuals who meet the following minimum requirements:

- All sections of the Scholarship Application must be completed.
- The applicant must be a resident of one of the following target countries:
  - Antigua and Barbuda
  - Aruba
  - Bahamas
  - Belize
  - Dominican Republic
  - French Guiana
  - Guadelupe (including St. Barthelemy and St. Martin)
  - Haiti
  - Martinique
  - Netherlands Antilles (including Bonaire, Curaçao, Saba, St. Eustatius, and St. Maarten)
  - Puerto Rico
  - Suriname
  - Turks and Caicos
  - U.S. Virgin Islands
- The applicant must be affiliated with and/or working in the area of HIV/AIDS.
- The activities described in the application must be consistent with the objectives of the conference, which are:
  - To enhance the Caribbean's regional efforts to work collectively toward preventing the spread of HIV and mitigating the impact of HIV/AIDS on the health, social, and economic status of the region
  - To improve regional responses to HIV/AIDS through the application of knowledge, research, learning, collaboration, and best practices within the Caribbean region
  - To develop regional research capacity through promotion of a Caribbean HIV/AIDS research agenda and dissemination of the latest HIV/AIDS research information

Applications that do not demonstrate the minimum requirements described above will not be reviewed.

Scholarship recipients will receive one of the following:

- A full scholarship that includes round-trip coach airfare, lodging, meal allowance, and local transportation
- A partial scholarship that may include any combination of airfare, lodging, meal allowance, or local transportation

*The information received in this application will be used only to evaluate the application in terms of eligibility, representation, and compatibility with conference objectives. Personal contact information will be removed before the application is reviewed.*

*A Multicultural Caribbean United Against HIV/AIDS will be conducted in Spanish, French, Dutch, and English.*



### **3 APPLICATION QUESTIONS**

Please respond to the following questions in the space below. Do not attach separate pages.

**1. How are you involved in HIV/AIDS activities (e.g., research, prevention, treatment, care)?**

**2. How will the knowledge acquired from the conference assist you in your personal development?**

**3. How will your participation in this conference assist you in better serving your community/organization?**

#### 4 STATEMENT OF NEED AND COMMITMENT

If you are selected to receive a partial scholarship, which type of partial scholarship would allow you to attend the conference? *(Select only one option)*

- Round-trip coach airfare     Lodging     Meal allowance     Local transportation  
 I will not be able to attend without a full scholarship.

By signing below, I accept the scholarship guidelines and agree to the following: I agree to attend the entire conference and to use the flight itinerary and lodging reservations made on my behalf by the conference organizers.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please Print)

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

#### 5 ORGANIZATION INFORMATION

Please include the signature of the director or chairperson of your organization. *(If you do not belong to an organization and cannot provide the requested information, please explain below.)*

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

I support the participation in this conference of the applicant named above and verify that the information provided is accurate.

Director/Chairperson: \_\_\_\_\_ Organization: \_\_\_\_\_  
(Please Print)

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

Please complete and return this form in the enclosed postage-paid envelope. If an additional envelope is required, please mail to the following address:

**Scholarship Program  
A Multicultural Caribbean United Against HIV/AIDS  
c/o Social & Scientific Systems, Inc.  
Conference Secretariat  
8757 Georgia Avenue, 12th Floor  
Silver Spring, MD 20910  
USA**

In addition to mail, this form can be returned via fax to **1-301-628-3101**. Additional copies of the Scholarship Application are available on the conference Web site at <http://www.caribbean-march-2004.org>.

The Scholarship Application must be postmarked no later than **October 20, 2003**.

If you have not received an acknowledgment by **October 30, 2003**, please call 1-800-291-9112 (or call collect through an operator to 1-301-628-3155), fax 1-301-628-3101, or e-mail [caribbean04@s-3.com](mailto:caribbean04@s-3.com) to make sure that your application has been received.



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en collaboration avec  
in samenwerking met  
in collaboration with

Office of AIDS Research  
National Institutes of Health  
U.S. Department of Health and Human Services