

CONSUMER INVOLVEMENT FUND  
**APPLICATION FORM**

Please photocopy this blank form before completing, to use as a worksheet.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail \_\_\_\_\_

If more than one person from a single family, please list the names and social security numbers of additional travelers requesting support from the Council:

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

Check one

- I am a person with a disability  
 I am an immediate family member or guardian of a person with a disability  
 I am a graduate of Partners in Policymaking or the Youth Leadership Forum  
 Other \_\_\_\_\_

If person with disability or family member/guardian, age of person with disability \_\_\_\_\_

Title of program you are seeking funding to attend \_\_\_\_\_  
\_\_\_\_\_

Sponsor of program \_\_\_\_\_

Dates \_\_\_\_\_ Location \_\_\_\_\_

Have you ever attended this program before  Yes  No

Have you applied to the Consumer Involvement Fund before  Yes  No

If so, for what program \_\_\_\_\_

Date of that application \_\_\_\_\_

Did you receive funding from the Council  Yes  No

Ethnic status (optional/check all that apply)  Hispanic  African-American

Asian-American  Native American  Caucasian  Other

Complete this form and send it with a cover letter, line item budget, and complete conference registration materials to: ODDC • Attn: Rick Barcus • P. O. Box 25352 • Oklahoma City, Oklahoma 73125