

AIDSWatch Scholarship Application

Due October 11, 2019 – 8PM ET/5PM PT



Before starting the AIDSWatch Scholarship Application, please read the scholarship application instructions found at www.aidsunited.org/aidswatch. Completed applications and supporting documents can be emailed to AIDSWatch@aidsunited.org or, if necessary, faxed to 202-408-1818. **Please note, all communications regarding scholarship selection and instructions will be provided to applicants via email.**

Applicant Information:

First Name: _____ Last Name: _____

Organization or PLHIV Network Affiliation (Optional): _____

Phone: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you received an AIDSWatch Scholarship before? If so, which year? _____

Applicant Reference (Letter of Support):

Due to considerable resources invested in scholarships, and to ensure all scholarships get utilized to full potential, organizers require scholarship applicants to provide a letter of reference that can speak to the applicant's engagement in the field, reliability and accountability.

References may be provided by allied staff at local agencies, case managers, or other colleagues. The letter of support should clearly identify the reference's name, full contact information, organizational affiliation, how the individual knows the scholarship applicant, in what capacity, and for how long. The reference letter should detail their knowledge of the applicant's advocacy, community organizing or other participation at local levels. The letter should be no more than one page.

Demographic Data:

Please note – All demographic data requested is optional and applicants completing this section should feel free to check as many boxes as needed to describe themselves. While answering these questions is not a requirement, please keep in mind that diversity is a consideration in scholarship decisions. Demographic data will also be used to inform future outreach efforts, ensure that a minimum of 50% of scholarships support engagement of people living with HIV in AIDSWatch and for potential room-sharing arrangements.

Circle all that apply:

HIV Status: Living with HIV Not living with HIV Unsure Prefer not to disclose

Gender Identity: Cisgender Man Cisgender Woman Transgender Man Transgender Woman Gender Non-Conforming
Gender Fluid Non-binary Two Spirit Other (write in) _____

Sexual Orientation: Gay Lesbian Bisexual Heterosexual Queer Questioning Same-Gender Loving Asexual
Pansexual Other (write in) _____

Age: under 21 21-24 25-34 35-44 45-54 55-64 65+

Race: African American/Black American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
White (Non-Hispanic) Latinx or Hispanic Other (write in) _____

Advocacy Interests

Rank your specific interests related to HIV to best inform the AIDSWatch planning process to fit your policy and advocacy goals from 1 to 10. Write the ranking on the line next to each topic:

- | | | |
|--|---|--|
| <input type="checkbox"/> HIV Criminalization | <input type="checkbox"/> Harm Reduction | <input type="checkbox"/> Access to Care (Ryan White/Medicaid/ACA) |
| <input type="checkbox"/> HIV Stigma | <input type="checkbox"/> Reproductive Health & Rights | <input type="checkbox"/> Transgender Inclusion/Rights |
| <input type="checkbox"/> Sex Worker Rights | <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Structural Interventions (Housing, Food Assistance, etc.) |
| | | <input type="checkbox"/> Other |

Short Essays - tell us about yourself: Attach brief responses to the questions below. Limit your response to one-page total, single-sided, 12 pt font, double spaced. Successful scholarship applicants will answer all the questions below clearly and concisely.

1. Provide a brief (1 paragraph) statement summarizing your experience and interests related to HIV. If you are living with HIV, how did this impact your life? How long have you lived with it? What has changed? Have you found another community of people living with HIV? If you are not living with HIV, how have you been an effective ally? Be specific.
2. Provide a brief (1 paragraph) statement describing your experience in HIV advocacy. What issues are you passionate about? What is the largest concern in your state? What issues do you want to know more about? Do you have any plans to participate in HIV advocacy other than AIDSWatch?
3. Provide a brief (1 paragraph) statement explaining how you plan to mobilize others to become advocates or allies after your AIDSWatch experience. If you received a scholarship to AIDSWatch previously, tell us the year(s) and what you have done to build on those experiences. If you have participated in other HIV lobby days, please include that information as well.
4. Provide a brief (1 paragraph) statement telling us anything else you would like to share about your experience that will help us understand who you are and why you should be selected for an AIDSWatch scholarship. (While all people are encouraged to apply, the AIDSWatch scholarship process is designed to support new and emerging advocates, especially those from communities that are historically under-represented in U.S. HIV policy and advocacy. This includes people of color, lower-income people, young people, sex workers, residents of rural areas, and people who use drugs.)

By signing this application, I acknowledge the following:

- ✓ If I receive a scholarship, I commit to attend AIDSWatch, including a pre-AIDSWatch conference call, all AIDSWatch sessions and all Congressional meetings I am scheduled to attend.
- ✓ The hotel room covered by the scholarship is only for the nights of Sunday, March 29, and Monday, March 30. All meals and/or incidental costs incurred by me at the hotel will be my responsibility to cover.
- ✓ I understand that I am expected to stay involved in AIDSWatch follow-up activities, including a post-AIDSWatch webinar organized by the US People Living with HIV Caucus.
- ✓ I have included my one-page statement and reference letter with this application as a single submitted application package.

Name (please print neatly)

Signature

Date

AIDSWatch Scholarship Application Confidentiality Assurance

Any and all information and materials submitted in this form by AIDSWatch scholarship applicants will be seen only by individuals with AIDS United and the AIDSWatch Scholarship Review Committee who have signed their own confidentiality and conflict of interest agreement. Anyone who views this form cannot disclose or discuss the materials associated with the reviews, evaluation discussions, or award recommendations and their contents will not be used by any individual outside of the context of this scholarship review. The identities of the applicants and the confidentiality of all application materials and all questions answered will remain confidential.