



South Carolina  
HIV, STD and  
Viral Hepatitis  
Conference

Celebrating Life!  
40 YEARS OF MAKING A DIFFERENCE

## 2023 Registration Scholarship Information

### **Overview:**

The SC HIV, STD and Viral Hepatitis Conference will be held October 25-26, 2023, at the Columbia Metropolitan Convention Center in Columbia, SC. A limited number of scholarships will be awarded to people living with HIV (PLWH) who would not be able to attend without assistance. Conference attendees will have the opportunity to learn new facts about HIV, STDs, 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.

### **Eligibility:**

The scholarship is intended to assist PLWH living in South Carolina who have the interest, availability, ability, and commitment to provide support to HIV education, prevention, intervention, and/or care service efforts in their local communities. Priority is given to first time participants who would not be able to attend the Conference without assistance. The scholarship award is not for employees who work for any organization that provides service to PLWH in any capacity.

### **Scholarship Covers:**

The scholarship pays for the conference registration fees only (including breakfast and lunch). Since the scholarship award is limited to registration fee only, 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 scholarship application.

*Registration scholarship recipients are responsible for all travel and hotel costs.*

### **To Apply:**

Complete application and submit online at [www.schiv-stdconference.org/plwh-scholarships](http://www.schiv-stdconference.org/plwh-scholarships) or by downloading the application from the website [www.schiv-stdconference.org](http://www.schiv-stdconference.org) and mailing to:

*SC HIV, STD, and VH Conference Scholarships  
c/o AID Upstate  
Attn: Inez Morris  
P. O. Box 105  
Greenville, SC 29602*

*The application packet must be received by  
Monday, July 3, 2023.  
(NO EXCEPTIONS)*

Recipients of registration scholarships will be notified by Friday, August 4, 2023

**Questions:** Please contact: Inez Morris at 864-787-2845 or [inezmorris54@gmail.com](mailto:inezmorris54@gmail.com).

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must be received by  
Monday, July 3, 2023.*

*\*\*Incomplete or late  
applications will not be  
reviewed.\*\*\**

**“Celebrate Life!”  
40 YEARS OF MAKING A DIFFERENCE  
2023 PLWH Registration Scholarship Application**

**1. Applicant Information:**

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

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

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

Phone Number: Office/Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever received a Scholarship from the SC HIV/STD/VH 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/VH Conference \_\_\_\_\_

**2. Statement of Interest for New Applicants (LIMIT Response to ONE TYPED Page):**

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. After attending the conference and receiving the scholarship, the statement must include how you plan to become engaged in and support education, advocacy, prevention/intervention/care efforts in your community. Please give us as much information as possible to help the Scholarship Committee select this year’s recipients.

**\*\*\*If you are a previous scholarship recipient, describe at least one thing you learned in a previous conference and how you were able to apply or use what you learned in your personal life and to advance education, advocacy, prevention/intervention, and/or care services efforts in your community.\*\*\***

**3. Recommendation:**

A one-page letter of recommendation is REQUIRED from the applicant's ASO, doctor, case manager, or health care provider. The letter should be typed on an official provider/organization letterhead. The letter should clearly state why the reference feels that the applicant has the interest, availability, ability, and commitment to education, advocacy, prevention/intervention, or care services efforts in their community. The letter must include information regarding the applicant's work and life experiences, along with the applicant's interpersonal skills that will assist them with providing education, prevention, intervention, and care services. In addition, the reference should share their observation of specific work 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.)

**4. Checklist Form:** Please complete the attached “Checklist Form” and include it with your application packet.

**SC HIV, STD, and Viral Hepatitis Scholarship**  
**Checklist Form**

**\*\*Scholarship Checklist Must Be Included in the Scholarship Application Packet\*\***

**Eligibility Requirements and Guidelines:**

- Only people living with HIV (PLWH) who reside in South Carolina are eligible to apply.
- Employees of ASO/CBOs are not eligible to apply.
- All Application must be submitted online or postmarked by **July 3, 2023.**

**Please place a check by each item included in your application packet:**

(Please note that incomplete applications and/or packets will NOT be considered.)

\_\_\_ I meet all eligibility requirements listed above.

\_\_\_ Scholarship application form is included, and all questions are answered completely. I did not leave any section blank.

\_\_\_ Typed, one-page “statement of interest” included.

\_\_\_ Typed “letter of recommendation” is included from my AIDS Service Organization (ASO), doctor, case manager or care provider.

\_\_\_ I give permission for the scholarship committee to notify my case manager or AIDS Service Organization that I have applied for this scholarship. If checked, please include the following information.

*Name of ASO* \_\_\_\_\_ *Phone number* \_\_\_\_\_

*Contact Person* \_\_\_\_\_ *Email* \_\_\_\_\_

**Signature of Applicant:**

I, (name of applicant) \_\_\_\_\_, understand:

- that the scholarship pays for the conference registration fees ONLY (which includes breakfast and lunch),
- that I am responsible for my own lodging and transportation.
- that I am expected to take full advantage of all sessions,
- that I will notify Inez Morris at [inezmorris54@gmail.com](mailto:inezmorris54@gmail.com) immediately if I am unable to attend, or if there are any changes in my contact information, and
- that scholarships are non-transferable.

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

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