ACMH Parent Leadership Camp 2020

APPLICATION  
Due Date: November 20, 2020

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| **Name *(First, Last)*** |  | |
| **Street Address** |  | |
| **City ST ZIP** |  | |
| **County** |  | |
| **Primary Phone** |  | home  other (specify)  cell \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alternate Phone** |  | home  other (specify)  cell \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email** |  | |

Short Answer Questions

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| 1. **Why are you interested in attending the ACMH Parent Leadership Camp?** |
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| 1. **Briefly describe your lived experience as a parent/caregiver of a child with mental health challenges** |
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| 1. **Briefly describe your leadership style. What skills or strengths will you bring to this event?** |
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| 1. **What do you hope to gain as a result of attending the ACMH Parent Leadership Camp?** |

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| **Signature** |  |

Please submit application by **November 20, 2020** to Laura Marshall by e-mail at [lmarshall@acmh-mi.org](mailto:lmarshall@acmh-mi.org)

Space is limited. Participants will be selected individually based on capacity and application responses.