



## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

The Canadian AIDS Society is a national coalition of over 120 community-based AIDS organizations from across Canada. Dedicated to strengthening the response to HIV/AIDS across all sectors of society, we also work to enrich the lives of people and communities living with HIV/AIDS. We accomplish this by advocating on behalf of people and communities affected by HIV/AIDS, facilitating the development of programs, services and resources for our member groups, and providing a national framework for community-based participation in Canada's response to AIDS.

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190 O'Connor, Suite 800  
Ottawa, ON  
K2P 2R3

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Toll free: 1.800.499.1986  
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www.cdnaids.ca  
casinfo@cdnaids.ca  
Registered charity  
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**For more information on the 2010 PLWHIV/AIDS Forum and Annual General Meeting, please contact:**

**Sarah Tremblay, Executive Assistant**

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## Important Dates and Deadlines

<b>February 19</b>	Deadline for submission of scholarship applications
<b>Mid-March</b>	Registration kits available
<b>March 26</b>	Scholarship recipients to be contacted
<b>April 9</b>	Registration kits available for Delegates and Exhibitors
<b>April 12</b>	Deadline to accept scholarship offers
<b>May 7</b>	Deadline for advance registration of Delegates and Exhibitors
<b>May 7</b>	Deadline for advanced accommodations reservations
<b>Late May</b>	Mandatory participation in orientation session
<b>June 17-18</b>	2010 PLWHIV/AIDS Forum
<b>June 19-20</b>	2010 Canadian AIDS Society Annual General Meeting

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

### Forum & AGM Overview

**June 17 – 18, 2010**

#### **PLWHIV/AIDS Forum**

The PLWHIV/AIDS Committee of the Canadian AIDS Society Board believes that people living with HIV/AIDS (PLWHIV/AIDS) must participate in creating the vision for their future. The PLWHIV/AIDS Forum (Forum) is an excellent opportunity to network with other people living with HIV and AIDS from across Canada, to set priorities for the community-based AIDS movement, and to participate in the general business of the Canadian AIDS Society. The Forum is an opportunity to share information, discuss new ideas, contribute to policy development and renew acquaintances.

Bylaw changes passed in 1997 make the Forum an integral part of the Canadian AIDS Society. Delegates of the Forum elect their regional PLWHIV/AIDS Directors to the Board. In addition, resolutions arising from the Forum now go directly to the Board of Directors to help guide the ongoing work of the Canadian AIDS Society.

The Forum is open to all PLWHIV/AIDS, including those who are not affiliated with a member agency of the Canadian AIDS Society. All delegates for the Forum will have full voting rights and are encouraged to run for any vacant PLWHIV/AIDS position on the Canadian AIDS Society's Board of Directors.

**June 19 – 20, 2010**

#### **Annual General Meeting**

The Canadian AIDS Society's Annual General Meeting (AGM) is an excellent opportunity to network with colleagues from among the Canadian AIDS Society's member and associate organizations, to set priorities for the community-based AIDS movement, and to participate in the general business of the Canadian AIDS Society. The AGM, like the Forum, provides an opportunity to share information, discuss new ideas, contribute to policy development and renew acquaintances.

**June 18 – 19, 2010**

#### **Exhibit Hall**

The goal of the exhibit hall is to strive for excellence in support and information for PLWHIV/AIDS, ASO staff and volunteers. Information tables in this area feature information about community groups, organizations in the AIDS community and our corporate sponsors.

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

### Scholarship Application Process FAQ

The Canadian AIDS Society (CAS) scholarship program offers financial assistance to individuals and representatives from member organizations as a way to encourage them to attend the PLWHIV/AIDS Forum (Forum) and Annual General Meeting (AGM). Some scholarships may cover all costs associated with attendance, while others cover a portion of the expenses, requiring recipients to cover the remainder of the costs.

**Please note that changes have been made to the criteria and process of the scholarship program for 2010. Please read the following to ensure you are eligible and aware of the requirements and deadlines.**

#### Who can apply for a scholarship?

- People living with HIV/AIDS (PLWHIV/AIDS)
- An individual identified by a CAS member group as their potential AGM delegate. Please note that these individuals need not be HIV-positive

#### How do I apply?

Complete the Canadian AIDS Society PLWHIV/AIDS Forum and AGM Scholarship application form and submit it to the Canadian AIDS Society by **February 19, 2010**. To qualify, forms must be postmarked or received by this date.

Ensure the form is signed by:

- a doctor/nurse, or, an AIDS service organization worker (**to confirm HIV status for Forum-only attendees**)
- a member organization's Executive Director or Board Chair (**for AGM delegates**)
- you, the applicant

Failure to provide signatures will automatically make the application void.

#### What are the two types of scholarships being offered and what is the difference between them?

One type of scholarship is the PLWHIV/AIDS scholarship and the other is the AGM Delegate scholarship.

PLWHIV/AIDS scholarships are available to all people living with HIV/AIDS who wish to attend the Forum. People living with HIV/AIDS need not be affiliated with a member group, but member groups may still encourage their official AGM delegates to apply for these scholarships if they are HIV-positive.

AGM Delegate scholarships are available only to individuals from CAS member organizations who are official delegates to the AGM. Recipients for this scholarship need not be HIV-positive to apply.

To ensure diversity of attendance among CAS member organizations, priority is given to awarding one scholarship per member group represented in the scholarship submissions.

When a member organization submits multiple applications, the individual from that organization with the highest score will be granted a scholarship. Additional applications from that organization will not be considered until scholarships have been distributed to other member organizations, in an effort to ensure equal representation among member organizations who have submitted applications.

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

Where an individual applies for an AGM Delegate scholarship and is not successful in their application, a member group may choose to appoint another AGM delegate.

### **How does the scholarship process work?**

In 2010, priority will be given to applicants that:

- are from under-represented populations
- demonstrate community involvement
- have made an effort to secure additional funding or minimize costs

Scholarship awards will be determined by the Priorities and Planning Committee of the Canadian AIDS Society Board of Directors, based on a fully completed scholarship application form. Scholarship applications will be evaluated objectively on the basis of information provided on the application form.

### **What does a scholarship cover?**

The Canadian AIDS Society (CAS) may be unable to grant any full scholarships and recipients may be responsible for securing financial support for the remainder of costs. Partial scholarships generally cover registration fees or travel to and from the event or accommodations.

#### *Registration Fees*

- All applicants are eligible for full coverage of applicable registration fees

#### *Travel Costs*

- Applicants residing within 250 km of the meeting site are not eligible for travel costs
- Applicants residing within 500 km of the meeting site are eligible to receive a 50% travel credit, 500 km – 1000 km a 75% credit, and 1000 km and further a full credit

#### *Accommodations*

- Applicants will be offered an opportunity to share a hotel room at no cost, or be given a 50% room credit at the hotel should they want to stay alone. Please note: If there is some health reason why you are unable to share a room, please indicate this on your application.
- Applicants may also stay with friends or family during the meeting. Upon approval by CAS, individuals choosing this option will receive \$25/per night.

#### *Per Diems*

- Per diems will be offered to Forum scholarship recipients for meals not provided as part of the Forum.

#### *Childcare*

- While childcare is not provided on-site, assistance with childcare is offered for scholarship recipients at a reimbursement of a maximum of \$75 per day, upon presentation of a receipt. If you require childcare assistance, please indicate so on your application form.

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

### **What are my responsibilities if I'm selected as a scholarship recipient?**

#### *Cancellation*

Applicants who are granted a scholarship, or the organization that they represent, must let CAS know in writing at least two weeks in advance if they are not going to use it or are unable to come to the Forum/AGM.

Scholarship recipients who fail to attend the event without proper cancellation notice may be billed by the Canadian AIDS Society for some or all of the expenses incurred as a result. Organizations sponsoring delegates may also be responsible for coverage of these costs. Late or improper cancellation may also disqualify candidates or their organization from applying for future scholarships.

#### *Transferring scholarships*

Scholarships are granted to a specific individual, not to an agency. If a scholarship recipient from a particular agency is unable to attend, an agency may suggest another delegate with the signed approval of the sponsoring agency's Executive Director; however, redirection to another applicant within the region is at the discretion of the Priorities and Planning Committee of the Board of Directors of the Canadian AIDS Society.

#### *Registration*

All scholarship recipients are required to register for the Forum and/or AGM. The registration booklet will be available in March.

#### *Orientation Session*

All scholarship recipients must attend the orientation session, via conference call, prior to the PLWHIV/AIDS Forum and/or Annual General Meeting. Scholarships are conditional on attendance of the orientation session.

#### *Meals*

The cost of meals not already provided during the AGM will be the responsibility of each scholarship recipient, or of the organization sponsoring their attendance at the AGM. All meals provided will be indicated; attendees, or their sponsors, will be responsible for all other meals.

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

### Scholarship Application Form

Please read the Scholarship Application FAQ before completing this form. All information contained on this application form is confidential and will only be used for the purpose of evaluating scholarship applications for the 2010 PLWHIV/AIDS Forum and Canadian AIDS Society Annual General Meeting.

**Apply for a scholarship no later than Friday, February 19, 2010**

Fax or mail your completed form to the Canadian AIDS Society | 190 O'Connor Street, Suite 800  
Ottawa, ON | K2P 2R3 | Fax: 613.563.4998

**Please print or type clearly. A separate form and certification is to be completed for each applicant.**

NAME		
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
DAYTIME TELEPHONE (       )	FAX (       )	
E-MAIL		
<input type="checkbox"/> Please provide me with information about the 2011 PLWHIV/AIDS Forum. <input type="checkbox"/> Please add me to the Canadian AIDS Society mailing list to receive occasional updates on events and activities.		

**1. Please check the event(s) that you wish to attend**

- PLWHIV/AIDS Forum                     
  Annual General Meeting                     
  both Forum and AGM

**2. I am applying for**

- PLWHIV/AIDS Scholarship                     
  AGM Delegate Scholarship                     
  both

**3. Please check the item(s) for which you need assistance**

- accommodation                     
  child care                     
  meals  
 registration fee (for AGM only)                     
  travel (if 250 km or more)

**4. HIV Status**

- HIV positive                     
  HIV negative                     
  unknown/undeclared

**5. Please indicate if you belong, or have belonged, to any of the following communities (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> not applicable                                       | <input type="checkbox"/> current/former sex trade worker                               |
| <input type="checkbox"/> current/former person that uses/used injection drugs | <input type="checkbox"/> currently or formerly in the prison or young offenders system |
| <input type="checkbox"/> ethnocultural community, please specify _____        |  |
| <input type="checkbox"/> First Nations/Inuit/Métis                            | <input type="checkbox"/> francophone   |
| <input type="checkbox"/> gay men & other men who have sex with men            | <input type="checkbox"/> transgendered/transsexual                                     |
| <input type="checkbox"/> women  | <input type="checkbox"/> youth (29 years old and under)                                |

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

**6. Please indicate if you work for, or represent, an AIDS service organization that serves any of the following populations (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> not applicable                                       | <input type="checkbox"/> current/former sex trade worker                               |
| <input type="checkbox"/> current/former person that uses/used injection drugs | <input type="checkbox"/> currently or formerly in the prison or young offenders system |
| <input type="checkbox"/> ethnocultural community, please specify _____        |  |
| <input type="checkbox"/> First Nations/Inuit/Métis                            | <input type="checkbox"/> francophone   |
| <input type="checkbox"/> gay men & other men who have sex with men            | <input type="checkbox"/> transgendered/transsexual                                     |
| <input type="checkbox"/> women  | <input type="checkbox"/> youth (29 years old and under)                                |

**7. Please indicate if you are living in any of the following geographical areas**

- |   |  |
|---|--|
| <input type="checkbox"/> not applicable   | <input type="checkbox"/> rural area (population less than 10,000)  |
| <input type="checkbox"/> small urban centre (population between 10,000 and 125,000) | <input type="checkbox"/> specific region (Newfoundland, PEI, Cape Breton, NWT, Yukon, Nunavut, Saskatchewan, Manitoba) |

**8. Please indicate how long you have been doing either paid or volunteer HIV/AIDS work**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> never | <input type="checkbox"/> less than one year | <input type="checkbox"/> more than one year |
|--------------------------------|---|---|

**9. If you are involved with a member organization of the Canadian AIDS Society, please indicate your role (check all that apply)**

- |   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> not applicable | <input type="checkbox"/> board member | <input type="checkbox"/> client |
| <input type="checkbox"/> staff          | <input type="checkbox"/> volunteer    |                                 |

**10. Please indicate if you have attended a previous Forum and/or AGM**

- never  
 one to three times  
 more than three times

**11. Applicant Signature**

*I hereby declare all information provided in this application to be true. I also acknowledge that I am liable for the reimbursement of any costs incurred, for example per diem, travel and accommodation, if I do not attend the event and have not notified the Canadian AIDS Society in writing at least two weeks before the event.*

Signature of the Scholarship Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

**12. Certification.** Please complete *Section A* if you are applying for a PLWHIV/AIDS Scholarship. Please complete *Section B* if you are applying for an AGM Delegate Scholarship. Please complete only *Section B* if you are applying for both a PLWHIV/AIDS Scholarship and AGM Delegate Scholarship.

<b>Section A - PLWHIV/AIDS Scholarship Certification</b>	NAME OF ORGANIZATION (if applicable)
MAILING ADDRESS	
CITY	PROVINCE
POSTAL CODE	
DAYTIME TELEPHONE (       )	FAX (       )
E-MAIL	
I AM A <input type="checkbox"/> Health care professional <input type="checkbox"/> Staff member of an AIDS service organization	CONTACT NAME
<i>I certify that the information on this scholarship application is accurate and that the individual named on this application is HIV-positive.</i>	
Signature: _____ Date: _____	

<b>Section B - AGM Delegate Scholarship Certification</b>	NAME OF ORGANIZATION
ORGANIZATION MAILING ADDRESS	
CITY	PROVINCE
POSTAL CODE	
DAYTIME TELEPHONE (       )	FAX (       )
CONTACT E-MAIL	
TITLE/POSITION <input type="checkbox"/> Executive Director <input type="checkbox"/> Board Chair	CONTACT NAME
<i>I certify that the information on this scholarship application is accurate and that the individual named on the application will be one of our delegates at the AGM should a scholarship be granted. Where applicable, I also certify that this individual is HIV-positive. I also acknowledge that my organization will be responsible for the reimbursement of costs should the individual named on this application fail to appear at the Forum or AGM without notifying the Canadian AIDS Society, in writing, at least two weeks prior to the conference. <b>Please note: You can endorse only ONE delegate to attend the AGM.</b></i>	
Signature: _____ Date: _____	

<b>For CAS use only</b>  <b>File No.:</b>
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## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

### Ben Kozak Memorial Scholarship - Scholarship Application Process FAQ

In tribute to the memory of Ben Kozak, former Director of Finance and Administration for the Canadian AIDS Society, the staff and Board of Directors is offering **ONE full scholarship** to assist a person who is HIV positive to attend the PLWHIV/AIDS Forum and Annual General Meeting.

**Note: please read carefully – the application process for the Ben Kozak Memorial Scholarship is not the same as for other scholarships offered by the Canadian AIDS Society.**

#### Who can apply for a scholarship?

- People living with HIV/AIDS (PLWHIV/AIDS)

Please note: You may still apply for the Ben Kozak Memorial Scholarship even if you have applied for a general Canadian AIDS Society scholarship to the PLWHIV/AIDS Forum and AGM.

#### How do I apply?

Complete **ALL SECTIONS** of the Canadian AIDS Society Ben Kozak Memorial Scholarship application form and submit it to the Canadian AIDS Society by **Friday, February 19, 2010**. To qualify, forms must be postmarked or received by this date.

Ensure the form is signed by:

- a doctor/nurse/AIDS service organization worker OR a member organization's Executive Director/ Board Chair
- you, the applicant

Ensure your application is accompanied by **AT LEAST ONE** letter of recommendation from a community group you are or have been involved with. Community involvement may be in the HIV/AIDS, or broader, community. Each letter of recommendation must include full contact details of the community group concerned.

#### How are applications evaluated?

Scholarship awards will be determined by a special Ben Kozak Memorial Committee of the Canadian AIDS Society comprising selected members of the Board of Directors and staff. *This scholarship is not transferable.*

All submissions are evaluated together and will be rated on the minimum following criteria:

- level of community involvement in the HIV/AIDS, and broader, community
- content of the written/spoken part of the application
- under-represented populations

#### What does the scholarship cover?

The Ben Kozak Memorial Scholarship covers the registration fee, travel costs, accommodation, per diems and childcare as outlined in the Scholarship Application Process FAQ. In addition, pet care is offered for the Ben Kozak Memorial Scholarship recipient at a reimbursement of a maximum of \$50 per day, upon presentation of a receipt.

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

# Ben Kozak Memorial Scholarship Application Form

Please read the Ben Kozak Memorial Scholarship Application FAQ before completing this form. All information contained on this application form is confidential and will only be used for the purpose of evaluating scholarship applications for the 2010 PLWHIV/AIDS Forum and Canadian AIDS Society Annual General Meeting.

**Apply for a scholarship no later than Friday, February 19, 2010**

Fax or mail your completed form to the Canadian AIDS Society | 190 O'Connor Street, Suite 800  
Ottawa, ON | K2P 2R3 | Fax: 613.563.4998

**Please print or type clearly. A separate form and certification is to be completed for each applicant.**

NAME		
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
DAYTIME TELEPHONE (       )	FAX (       )	
E-MAIL		
<input type="checkbox"/> Please provide me with information about the 2011 PLWHIV/AIDS Forum. <input type="checkbox"/> Please add me to the Canadian AIDS Society mailing list to receive occasional updates on events and activities.		

**1. HIV Status**

- HIV positive                       HIV negative                       unknown/undeclared

**2. Please check the event(s) that you wish to attend**

- PLWHIV/AIDS Forum               Annual General Meeting               both Forum and AGM

**3. Will you be participating at the AGM as a potential official delegate representing a member group of the Canadian AIDS Society?**

- no                       yes, please complete member group information and certification below

NAME OF ORGANIZATION		YOUR TITLE/POSITION	
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	
DAYTIME TELEPHONE (       )	FAX (       )	E-MAIL	
CONTACT NAME		TITLE/POSITION	
		<input type="checkbox"/> Executive Director <input type="checkbox"/> Board Chair	

*I certify that the information on this scholarship application is accurate and that the individual named on the application will be one of our delegates at the AGM should a scholarship be granted. Where applicable, I also certify that this individual is HIV-positive. I also acknowledge that my organization will be responsible for the reimbursement of costs should the individual named on this application fail to appear at the Forum or AGM without notifying the Canadian AIDS Society, in writing, at least two weeks prior to the conference.*

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

## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

**4. Please indicate if you belong, or have belonged, to any of the following communities (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> not applicable<br><input type="checkbox"/> current/former person that uses/used injection drugs<br><input type="checkbox"/> ethnocultural community, please specify _____<br><input type="checkbox"/> First Nations/Inuit/Métis<br><input type="checkbox"/> gay men & other men who have sex with men<br><input type="checkbox"/> women | <input type="checkbox"/> current/former sex trade worker<br><input type="checkbox"/> currently or formerly in the prison or young offenders system<br><input type="checkbox"/> francophone<br><input type="checkbox"/> transgendered/transsexual<br><input type="checkbox"/> youth (29 years old and under) |
|--|---|

**5. Please indicate if you are living in any of the following geographical areas**

- |  |   |
|--|---|
| <input type="checkbox"/> not applicable<br><input type="checkbox"/> small urban centre | <input type="checkbox"/> rural area<br><input type="checkbox"/> specific region (Atlantic, NWT, Yukon, Nunavut, Saskatchewan, Manitoba) |
|--|---|

**6. List AT LEAST ONE community group (can be non HIV/AIDS-related) you are or have been involved in and the number of years of involvement.**

Name of organization: \_\_\_\_\_ Number of years involved: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Number of years involved: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Number of years involved: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Number of years involved: \_\_\_\_\_

**7. Please include AT LEAST ONE letter of recommendation from a community group listed above to support this scholarship application. The letter(s) should provide full contact details of the organization(s).**

**8. Do you have pets that will require boarding during your absence?**

- no                                       yes

**9. Please indicate if you have attended a previous Forum and/or AGM**

- no                                       yes, in what year(s) \_\_\_\_\_



## 2010 PLWHIV/AIDS Forum and CAS AGM Scholarship Kit

**12. Certification.** Please complete the section below.

<b>PLWHIV/AIDS Certification</b>	I AM A <input type="checkbox"/> Health care professional <input type="checkbox"/> Staff member of an AIDS service organization <input type="checkbox"/> Executive Director <input type="checkbox"/> Board Chair
NAME OF ORGANIZATION (if applicable)	CONTACT NAME
MAILING ADDRESS	
CITY	PROVINCE
DAYTIME TELEPHONE (      )	FAX (      )
E-MAIL	
<i>I certify that the information on this scholarship application is accurate and that the individual named on this application is HIV-positive.</i>	
Signature: _____	Date: _____

<b>For CAS use only</b>  <b>File No.:</b>
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