

The Circle of Harmony HIV/AIDS Wellness Conference  
#2019COH  
"Kory R. Montoya Memorial" Scholarship Application



The deadline to submit an application for a conference scholarship is  
**November 23, 2018**

Any application after this date will not be considered.

Assistance through the Kory R. Montoya Memorial scholarship fund is ONLY available for individuals who are living with HIV. We strongly suggest you seek funding through local AIDS service organizations for assistance before you apply. If there is no support available, you may qualify for a scholarship. Scholarships will be awarded to individuals who are living with HIV, demonstrate the desire to increase personal knowledge about HIV/AIDS and are ready to disseminate learned information to family, friends and their community.

Scholarships are limited and will be awarded based on availability of funds from the 2017 Circle of Harmony HIV/AIDS Wellness Conference Silent Auction. Scholarships of up to \$75 maybe awarded to cover the early bird registration fees to attend the conference as well as 3 nights lodging at the conference hotel. All scholarship recipients MUST attend an brief orientation on Tuesday, March 26, 2019 beginning 6:30 pm. This orientation will cover scholarship recipient responsibilities and an overview of the conference agenda.

If selected, Kory R. Montoya Memorial Scholarship recipients will ONLY receive a complimentary conference registration and 3 nights lodging at the conference hotel. No matching or reimbursement of travel costs or any other expenses will be provided. If you have any questions you may contact Ayn N. Whyte, Conference Coordinator (505) 217-2806 or [awhyte@aaihb.org](mailto:awhyte@aaihb.org)

Please submit application and questionnaire to:  
AAIHB, Inc.  
Circle of Harmony HIV/AIDS Wellness Conference  
7001Prospect PI NE  
Albuquerque, NM 87110

**CIRCLE OF HARMONY HIV/AIDS WELLNESS CONFERENCE  
"KORY R. MONTOYA MEMORIAL" SCHOLARSHIP APPLICATION**

**NAME** \_\_\_\_\_ \*

**ADDRESS** \_\_\_\_\_ \*

**CITY** \_\_\_\_\_ **\*STATE** \_\_\_\_\_ **\*ZIP** \_\_\_\_\_ \*

**PHONE** \_\_\_\_\_ \*

**EMAIL** \_\_\_\_\_ @ \_\_\_\_\_

**AGE\***

<20    20-29    30-39    40-49    50-59    60-69    >70

**RACE/ETHNICITY (SELECT ALL THAT APPLY)\***

AMERICAN INDIAN/ALASKA NATIVE    NATIVE HAWAIIAN/PACIFIC ISLANDER

HISPANIC/LATINO/SPANISH    BLACK/AFRICAN AMERICAN

ASIAN    WHITE    RACE/ETHNICITY NOT LISTED

PLEASE SPECIFY TRIBE, SPECIFIC ORIGIN, AND/OR RACE/ETHNICITY NOT LISTED

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**GENDER IDENTITY**

MALE    FEMALE    INTERSEX    GENDER QUEER    GENDER NON-CONFORMING

TRANSGENDER MALE/FTM    TRANSGENDER FEMALE/MTF    ANDROGYNOUS

TWO SPIRIT    PREFER NOT TO DISCLOSE    GENDER IDENTITY NOT LISTED \_\_\_\_\_

**SEXUAL ORIENTATION**

LESBIAN    GAY    HETEROSEXUAL    BISEXUAL    ASEXUAL    QUEER

QUESTIONING    TWO SPIRIT    SAME GENDER LOVING    PANSEXUAL

PREFER NOT TO DISCLOSE    SEXUAL ORIENTATION NO LISTED \_\_\_\_\_

**Describe how involved you are in HIV prevention and or HIV/AIDS care services in your community?**

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**Describe what you hope to learn by attending the 14th Circle of Harmony HIV/AIDS Wellness Conference?**

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**How will your community benefit by your attendance at this conference?**

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