

Problem Gambling and Health Awareness Conference

FOUR DIRECTIONS

Honoring Our Past ⊕ *Protecting Our Future*
Through Holistic Health, Wellness, and Recovery Support

October 29 - November 1, 2017
GREAT WOLF LODGE® | GRAND MOUND, WA

Professional Development Scholarship Opportunities for Students/Teachers/School Counselors

Thank you for your interest in the professional development scholarship opportunities for Washington State treatment providers to attend the **Four Directions** conference October 29-November 1, 2017. The scholarships were established, with the support of Washington State Behavioral Health and Service Integration Administration, to encourage and support participation by professionals who have applied to become a Washington State certified gambling counselor and hold a current certificate or license issued by the State of Washington to provide mental health or chemical dependency treatment services to the public, as well as certified peer coach/recovery coaches and **students/professors/counselors** in college and university behavioral health, addictions, and counseling programs.

Applications for certification are available online at www.evergreencpg.org or by calling the Evergreen Council on Problem Gambling (ECPG) at 360.352.6133. Treatment providers with applications on file by October 20, 2017, are eligible. A limited number of professional development scholarships are available (total value up to \$685) that will include:

- Registration for up to four days (October 29-November 1).
- Hotel stipend of \$50 per night, up to three nights, for any scholarship recipient who books his/her room at the Great Wolf Lodge®. Additional lodging costs, meals, and travel expenses are the responsibility of the attendee.

CONTINUING EDUCATION/CERTIFICATION

All Evergreen Council on Problem Gambling (ECPG) workshops qualify toward the 30 hours of gambling-specific education required by the Washington State and National Problem Gambling Certification Boards. ECPG is an Approved Provider of Continuing Education by The Association for Addiction Professionals (NAADAC) and the National Council on Problem Gambling (NCPG). Our workshops have also been approved for continuing education by the Addictions Counselor Certification Board of Oregon (ACCBO) and the American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD). Contact us with further questions.

Don't miss this opportunity to learn in an exciting setting and meet other treatment providers, researchers, and leaders in the field. For more information on professional development scholarship opportunities, contact ECPG at 360.352.6133 or visit www.evergreencpg.org.



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ELIGIBILITY

Professional development scholarship recipients **MUST**:

- Download registration form at www.evergreencpg.org and FAX or e-mail to ECPG (scholarship applicants cannot register online). **Conference registration MUST be sent in with scholarship application.**
- Include a completed Teacher Recommendation form, if a student.
- Be a current ECPG member AND Washington State resident. Visit www.evergreencpg.org → **Membership** or fill out the form following this application to become an ECPG member.

COMMITMENT AND CANCELLATION POLICY

All scholarship recipients who accept a Professional Development Scholarship from the Evergreen Council on Problem Gambling must make a commitment to attend all sessions on all days for which a scholarship is awarded. If a scholarship recipient is not able to attend all sessions on all days for which a scholarship is awarded, ECPG must receive advance notification and the scholarship may be retracted if deemed appropriate. If advance notification is not offered, the scholarship recipient may risk eligibility for any future scholarship awards.

DEADLINE

Completed scholarship application form and supporting documentation—with a completed conference registration form—must be postmarked by **October 20, 2017**. Applications received after this date will be considered only if funding is available.

AWARDS

Professional development scholarship recipients will be notified by **October 25, 2017**.

Submit completed application materials to:

Evergreen Council on Problem Gambling
Professional Development Scholarship Committee
1821 Fourth Avenue East
Olympia, WA 98506

Phone: 360.352.6133

FAX: 360.352.4133

E-mail: info@evergreencpg.org

Website: www.evergreencpg.org

Washington State treatment provider professional development scholarships supported by:



Transforming lives

Problem Gambling and Health Awareness Conference

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SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

Teacher/Professor/Counselor Name: _____ Credentials: _____
School Name: _____ Subject(s) Currently Taught: _____
School Address: _____
City: _____ State: _____ Zip: _____
Day phone: _____ Cell/Alternate phone: _____
Email address: _____

APPLICANT STATEMENT

Please briefly explain your interest in attending **Four Directions**, how the conference relates to your work, and how you will use and share the knowledge acquired at the conference:

Please include a completed conference registration form.

Signature: _____ Date: _____

By signing, I attest to the accuracy of the above information.

Submit completed application postmarked by October 20, 2017, to:

Evergreen Council on Problem Gambling
Professional Development Scholarship Committee
1821 Fourth Avenue East
Olympia, WA 98506
P: 360.352.6133 | F: 360.352.4133

*It is the supreme art of the teacher to
awaken joy in creative expression and
knowledge.*

- Albert Einstein

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SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

Student Name: _____

Birth Date: _____ Age (Must be 18 years or older): _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

School in which you are currently enrolled: _____

School Address: _____

APPLICANT STATEMENT

Please briefly explain your interest in attending *Four Directions* and how you will use and share the knowledge acquired at the conference:

Signature: _____

Date: _____

By signing, I attest to the accuracy of the above information. I also agree to write a summary of no less than 500 words of my experience at the conference (within 30 days of conference) for possible publication in the ECPG website and *Insights* newsletter, and participate in all designated programs as assigned at the conference.

NOTE:

Did You Include...

- Completed Application Form?
- Teacher/Professor Recommendation?
- Completed Conference Registration Form?
(available at www.evergreencpg.org)

Questions?

For more information, contact ECPG at 360.352.6133
or by email: info@evergreencpg.org



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TEACHER/PROFESSOR RECOMMENDATION FORM

Note to Students and Educators: This form should be given to a teacher/professor who knows the student's interests, skills, and abilities well. Teachers/Professors may mail this form separately from your application, but it must be postmarked by October 20, 2107.

Note to the Recommending Teacher/Professor: This form is part of the student's application for a limited number of scholarships to attend the **Four Directions** Conference to be held at the Great Wolf Lodge®, October 29–November 1, 2017. Please mail the completed form and attachments (postmark deadline is October 20, 2017) to:

Evergreen Council on Problem Gambling
Professional Development Scholarship Committee
1821 Fourth Avenue East
Olympia, WA 98506
P: 360.352.6133 | F: 360.352.4133

Name of Student: _____

Name of Teacher/Professor: _____

Subject area taught to student: _____

Year applicant was your student: _____

School name: _____

School address: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

I recommend this student for a **Four Directions** Conference Scholarship based on my knowledge of his/her:

Educational Goals Personal Goals Interests

Other: _____

Though not required, we would welcome any additional comments you would like to share regarding why this student should be considered for a scholarship to attend the 2017 **Four Directions** Conference. Thank you for taking the time to support and encourage students who show an interest in participating in this exciting program.

It is the supreme art of the teacher to awaken joy in creative expression and knowledge.
- Albert Einstein

ECPG and NCPG JOINT MEMBERSHIP APPLICATION



Name: _____ Company: _____
Address: _____ Apt./Suite: _____
City: _____ State/Province: _____ Zip/Postal: _____
Phone: _____ Fax: _____
E-mail address: _____

All fields are required

MEMBERSHIP OPTIONS

- \$39** ECPG Membership—Special member discounted fees on quarterly trainings and conference registration (all offer CEUs), certification training workshops, quarterly newsletter, and member certificate.
- \$74** Joint ECPG & NCPG Individual Membership—Includes ECPG Membership plus full National voting rights, 1-year subscription to NCPG newsletter, member certificate, bimonthly subscription to *Addiction Professional* as well as discounts on literature and conferences. This special offer is a \$114 value! The cost of NCPG Individual Membership alone is \$75 when purchased directly. Save \$40 through ECPG!
- \$99** Joint ECPG & NCPG Individual Plus Member—Includes all the benefits of ECPG & NCPG Individual Member level, with the addition of a subscription to *International Gambling Studies*, a peer-reviewed interdisciplinary journal in gambling studies. This special offer is a \$139 value! The cost of NCPG Individual Plus Membership alone is \$100 when purchased directly. Save \$40 through ECPG!

MEMBERSHIP PAYMENT

Today's Date: _____ Credit Card #: _____
Method of Payment: Visa® Master Card® Expiration Date: _____ CSC #: _____
(3 digits on back of credit card)
Check #: _____ Money Order
(Checks payable to Evergreen Council on Problem Gambling) Signature: _____

ECPG and NCPG are non-profit organizations. Your payment is tax deductible. Mail completed form with payment to:

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info@evergreencpg.org | www.evergreencpg.org