



Special Education Training Scholarships
COUNCIL OF PARENT ATTORNEYS AND ADVOCATES (COPAA)
SEAT 1.0 TM, Beginning Advocacy

Please be sure to read about this training, including the syllabus, at the official COPAA website: <https://www.copaa.org/page/SEAT>

1. Applicant Information

First and Last Name			
Physical Address	Mailing Address		
_____	_____		
_____	_____		
Phone(s)			
Email			

How do you identify yourself? (Please check all that apply).

I am a <input type="radio"/> Parent/ <input type="radio"/> Guardian of a student with a developmental disability.	
<input type="radio"/> Family support provider	Organization I work for:

If you are a parent or guardian, please tell us about the student(s) you support. If you have additional students with special education needs, please add an extra page with this information.



I describe my student's disability as...	

She/he has <input type="radio"/> an IEP <input type="radio"/> a 504 Plan <input type="radio"/> No special education services at this time.	
School district:	Grade/year:
She/he is in <input type="radio"/> an out of district placement	Name of school:

2. Application Questions

Please answer each question briefly. Previous advocacy experience is *not* a requirement. Not enough space? You may continue your answers on a separate piece of paper.

Why are you interested in COPAA SEAT 1.0 TM Special Education Training?

Please tell us a little about your background. Where do you and your family like to live, learn, work, and play? Have you taken other leadership training courses? Do you participate in any disability-related groups?

3. Commitment

- **Read the corresponding [Question and Answer handout](#)** before you submit this application.
- **Enrollment in SEAT 1.0 TM training is a serious commitment.** This 10-session class meets online every Monday from 2:00 pm to 4:00 pm from August 3, 2020 to October 12, 2020 (except September 7, 2020).
- **The Vermont Developmental Disabilities Council will pay for tuition, the required text, and a 1-year membership in COPAA (a \$500 value).** This scholarship is an investment in your advocacy, your family, and your community. Scholarships are limited, and we anticipate more applications than we can fund.
- **If selected, the Council expects that you will...**
 1. Attend all classes and complete the assigned work.
 2. Complete all course evaluations.
 3. Use your training well on behalf of your student(s), your organization, and your community.



I have reviewed COPAA's information, the SEAT 1.0 TM Syllabus, and the commitment described above. I understand that if accepted, I will be expected to attend the full 10-week SEAT 1.0 TM Training through COPAA and to complete course evaluations.

Your Signature

Date

Post-mail the completed and signed application to:

The Vermont Developmental Disabilities Council
100 State Street, Suite 342
Montpelier, VT 05633-0204



Help is available to fill out this application.

If you have questions or need an accommodation, please contact VTDDC at [1 \(802\) 828-1312](tel:18028281312) or Kirsten.Murphy@Vermont.gov

We are open to applications in a wide range of formats, including audio or video answers.