**29th Annual State of the States in Head Injury Meeting:**

**Building Bridges to a Better Future**

Student Application

The West Virginia University Center for Excellence in Disabilities Traumatic Brain Injury Services Program is honored to offer one (1) opportunity for a undergraduate or graduate level student in therapy, psychology or public health studies in West Virginia to attend the **30th Annual State of the States in Head Injury Meeting: Moving with the Times: 30 Years in Brain Injury Service and Delivery that** will be held on **September 23-26, 2019 in Kansas City, Missouri.** The individual selected will have the opportunity to represent West Virginia along with other TBI stakeholders in this annual educational and networking opportunity.

The National Association of State Head Injury Administrators (NASHIA) State of the States (SOS) in Head Injury Meeting, first held in 1990, has the distinction of being the only annual national conference designed to foster communication and professional development among state government brain injury program administrators. Each year, approximately 125 key state and federal government employees, consumers, Brain Injury Association of America chartered affiliates, US Brain Injury Alliance associates and other professionals responsible for administering an array of brain injury prevention, rehabilitation, community integration programs and services, assemble for this conference. The State of the States program offers plenary and workshop sessions on a variety of topics covering emerging federal and state issues and promising practices on service delivery, as well as opportunities for information sharing among participants.

The individual will have his/her travel, conference registration, lodging and per diem costs covered.

Conference Information: <https://www.nashia.org/SOS2019.asp>

If interested, please complete the application and requested attachments and return it **NO LATER THAN AUGUST 10, 2019 by emailing it to** **sfmiller1@hsc.wvu.edu** **or by mail:**

**WVUCED TBI Services**

**Attn: Sara F. Miller**

**4510 Pennsylvania Avenue, Suite B**

**Big Chimney, WV 25302.**

### 1. Contact Information:

### Name: Click or tap here to enter text.

**Major:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

**Current collegiate level:**

* **Junior**
* **Senior**
* **Post-graduate**
* **Doctorate**
* **Post Doctorate**

**Organization (if applicable):** Click or tap here to enter text.

**Please select the educational path in which you are enrolled, or plan to follow:**

* **Physical Therapy/Occupational Therapy**
* **Psychology/Sociology**
* **Public Health**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text.**State:** Click or tap here to enter text.**Zip:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Contact E-mail:** Click or tap here to enter text.

**2. Travel arrangements must be made well in advance of the event. If selected, can you commit to attending the event in Kansas City, Missouri? Departure to Missouri will be September 22, 2019. Return to West Virginia will be September 27, 2019.**

* **Yes**
* **No**

**3. If any, what accommodations would be necessary for travel out of state for approximately five (5) days?**

Click or tap here to enter text.

**4. After reviewing the conference brochure of the 30th Annual State of the States in Head Injury Meeting, why do you think you should be selected to attend the event?**

Click or tap here to enter text.

**5. What do you feel would be beneficial to you attending the 30th Annual State of the States in Head Injury Meeting?**

Click or tap here to enter text.

### What do you think you could bring back to the state of West Virginia to advocate developments in TBI services and supports?

Click or tap here to enter text.

Click or tap here to enter text.

**Please include a current resume and two (2) letters of recommendation in your application.**

**Signature:**

**Date:**