



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

January 2010

Dear Colleague,

I am pleased to send you the enclosed information about the 2010 People Living with Hepatitis C Scholarship Program for the New York State Department of Health (NYSDOH) Statewide Hepatitis C Conference. The conference will be held on **March 16, 2010 at the City University of New York, 34<sup>th</sup> Street and Fifth Avenue in New York City**. We plan to award thirty (30) scholarships to persons living with hepatitis C or HCV/HIV co-infection who currently reside in New York State. **Please note: Individuals who are awarded scholarships and, without prior notification to Conference Staff, do not attend this conference, forfeit eligibility for a scholarship to the next scheduled conference.** Individuals not awarded a scholarship to the 2009 conference will be given first priority in 2010.

**Scholarships cover the conference registration fee of \$100, only.** Please refer to the enclosed document which describes the scholarship program in more detail.

If you are a person living with hepatitis C or hepatitis C/HIV co-infection, please take this opportunity to submit an application to be eligible for one of the 30 scholarships.

Please complete the enclosed scholarship application and conference registration form. **Incompletely filled out application or registration forms, or a form not being enclosed, will result in your not being considered for scholarship eligibility.** Return both forms to:

Daniel Tietz, Consumer Advocate,  
New York State Department of Health, AIDS Institute, HIV Health Care & Policy  
Empire State Plaza, Corning Tower, Room 412  
Albany, New York 12237

or you may fax the completed application to Daniel Tietz at (518) 486-1315.

**ALL APPLICATIONS MUST BE POSTMARKED BY FEBRUARY 8, 2010.** All information provided will be kept strictly CONFIDENTIAL. Accepted applicants will be notified by February 29, 2010.

If you have any questions or would like additional information about the Scholarship Program, please call Daniel Tietz toll free at 877-874-0776 or via e-mail at [det01@health.state.ny.us](mailto:det01@health.state.ny.us)

Thank you for your interest in the NYSDOH 2010 Statewide Hepatitis C Conference. Please share this letter and the enclosed information with others who may be eligible for a scholarship.

Sincerely,

Colleen Flanigan, RN, MS  
Hepatitis C Coordinator

Daniel Tietz  
Consumer Advocate, HIV Health Care & Policy

## **2010 HEPATITIS C SCHOLARSHIP PROGRAM CRITERIA**

### **I. Eligibility**

- A.** Persons living with hepatitis C or HCV/HIV co-infection who currently reside in New York State.
- B.** Scholarships are intended for individuals who:
  - 1.** are active in hepatitis C awareness or support activities in their community;
  - 2.** have working knowledge, background or strong interest in HCV;
  - 3.** do not have a source of financial support to attend the conference; and
  - 4.** are able to participate in conference activities.
- C.** Individuals who are awarded scholarships and, without prior notification to Conference Staff, do not attend this conference, forfeit eligibility for a scholarship to the next scheduled conference.

### **II. Award Selection**

- A.** Upon receipt, each application will be reviewed for completeness.
- B.** If there are more applications than scholarships, nominees will be chosen by lottery from among the total pool of applicants.
- C.** Thirty (30) scholarships will be awarded to reflect the diversity of persons living with hepatitis C or HCV/HIV co-infection in New York State to ensure broad representation among scholars.  
\*Individuals not awarded scholarship to the 2009 conference will be given first priority in 2010.
- D.** Scholars will be notified by mail of their award following the selection process. Information and materials will be sent to each recipient, including the conference brochure and registration form.

### **III. Awards**

Scholarships cover the conference registration fee only. This registration fee includes conference materials and breakfast and lunch during the conference. Scholars are responsible for their own travel and lodging arrangements, if needed.

**2010 STATEWIDE HEPATITIS C CONFERENCE  
SCHOLARSHIP APPLICATION FORM**

Please complete one form per individual; photocopies accepted. **Application MUST BE POSTMARKED BY FEBRUARY 8, 2010 in order to be considered.** Submission of the application does not guarantee a scholarship award. Please read the attached 2010 Hepatitis C Conference Scholarship Program Criteria for description of scholarship terms and benefits. HCV and HIV status information will be kept CONFIDENTIAL. Candidates should be able to participate in conference activities. Should the number of applicants for scholarships exceed available financial resources; scholarships will be awarded by lottery. **Individuals who are awarded scholarships and, without prior notification to Conference Staff, do not attend this conference, forfeit eligibility for a scholarship to the next scheduled conference.** \*Individuals not awarded a scholarship to the 2009 conference will be given first priority in 2010.

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**PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED.**

Name of applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone/Other: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate e-mail: \_\_\_\_\_

- I have read the scholarship criteria and I verify that I qualify for a scholarship.
- I applied for a scholarship in 2009 but did not receive one.

\_\_\_\_\_  
Signature

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**DEMOGRAPHIC INFORMATION**

This information will help us ensure a diverse representation among scholars. Thank you for your cooperation. All information will be kept CONFIDENTIAL.

**GENDER**

**AGE RANGE**

**RACE/ETHNICITY**

- |                                      |                                       |                                |   |  |
|--------------------------------------|---------------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> Male        | <input type="checkbox"/> Under 18     | <input type="checkbox"/> 18-25 | <input type="checkbox"/> African American       | <input type="checkbox"/> Native American               |
| <input type="checkbox"/> Female      | <input type="checkbox"/> 26-31        | <input type="checkbox"/> 32-40 | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Latino                        |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> 41-49        | <input type="checkbox"/> 50-59 | <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Other _____<br>Please specify |
|                                      | <input type="checkbox"/> 60 and above |                                |   |  |

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**THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 8, 2010:**

**BY MAIL TO:  
DANIEL TIETZ  
NYSDOH  
ESP, CORNING TOWER ROOM 412  
ALBANY, NEW YORK 12237  
PHONE: 877-874-0776**

**BY FAX TO:  
DANIEL TIETZ  
518-486-1315**