



## Consumer Involvement Application

**Name:**

**Address:**

**Phone:**

**Email:**

**Relationship to RAMP:**

**Please select which funding you wish to apply for:**

\$25 dollar stipend for participation in RAMP presentations or events in the community

Stipend to advance your knowledge and leadership within the disability community.

**Amount requested \$\_\_\_\_\_**

\$10 Dollar stipend for participation in Youth Education Parent Trainings

**Questions:**

1. Why and how would you benefit from this opportunity?

2. How will you use what you learn for your benefit or the benefit of the disability community?

3. Diversity is important to RAMP. As a disability organization we understand that your disability is only part of who you are. We are interested in offering funding to individuals from diverse backgrounds. What is your understanding of diversity and how do your experiences reflect that understanding? Please explain.

Please submit all requests for stipends to Eric Brown, RAMP Education and Advocacy Coordinator

202 Market Street Rockford Illinois

[ebrown@rampcil.org](mailto:ebrown@rampcil.org)