



LEAP is a Leadership Education Advocacy Partnership program with the goal of providing financial support for self-advocates and guardians of children/adults with developmental disabilities to participate in conferences, workshops and other training opportunities that will increase knowledge and ability to become effective self advocates.

LEAP only reimburses event expenses that are approved **prior** to the event date. Each request is dependent upon the availability of funds.

Applicant Eligibility

- Applicants must reside in Arizona and be citizens of the United States (documentation needed).
- Applicant must be a self-advocate or guardian of a child/adult with a developmental disability. The federal DD definition is available on the next page of this LEAP Application.

Event Eligibility

Eligible events include conferences, seminars, trainings and/or workshops which enhance knowledge about disability related issues, or promote individual participation in the decisions which affect the lives of individuals with disabilities.

All events must be compatible with the Arizona Developmental Disabilities Planning Council's mission of community integration and inclusion.

Eligible event topics include:

- Leadership Development
- Public Speaking
- Organization and Coalition Building
- Grant Writing
- Effective Adaptive Oral and Written Communication
- Collaboration
- Effective Use of the Political Process
- Attendance at Self-Advocacy Meetings when substantive information can be obtained and applied to strengthening existing systems in a measurable way

Events that are **not** eligible for funding include:

- Therapy
- School/college courses for credit
- Recreational programs
- Summer camps
- Training focused on one family
- Vocational training

Funding Limits

- No more than two members of the same family will be eligible to receive funding support for the same event.
- Children are not eligible for funding assistance unless the conference materials clearly state that children are a part of the agenda.

- LEAP will support individuals to attend in-state event(s) per contract year, with a maximum amount of support of \$500.00 per person, per year.
- Out-of-State conferences will only be allowed once every two years PER FAMILY/HOUSEHOLD, maximum amount is \$2,000.00.
- LEAP funds are to be used as the funds of last resort.
- Meals, lodging, mileage and attendant services will be paid at State of Arizona established rates.
- The total support amount for any one conference is limited.
- Each request is dependent upon the availability of funds.
- All events must be approved for selection prior to June 30, 2015.
- Exceptions to these limits may be considered on a case-by-case basis by PPSA and the ADDPC.

Application & Award Process

Awardees will be reimbursed for expenses that have been approved for and for which paid receipts have been submitted. PPSA reserves the right to deny reimbursement for costs that are unallowable or not previously approved and not related to event attendance. Education materials, including books and videos, are not reimbursable. Awardees are responsible for any amount of expenditure above the award amount. Requests for reimbursement must be submitted within 30 days following the event and must be accompanied with a completed reimbursement form, post-event survey and legible receipt copies. Failure to follow these guidelines may result in forfeiture of funding amount.

Please Note: Once an applicant has received approval for funds it is the awardees responsibility to notify Pilot Parents should they choose not to utilize the funds. This must be done no less than 2 weeks prior to the event. Failure to provide notification may result in being denied future use of LEAP funds.

Federal Definition of Developmental Disabilities

The term developmental disability means a severe, chronic disability of an individual that:

- A. is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- B. is manifested before the individual attains age 22;
- C. is likely to continue indefinitely;
- D. results in substantial functional limitations in three or more of the following areas of major life activity:
 1. self care;
 2. receptive and expressive language;
 3. learning;
 4. mobility;
 5. self-direction;
 6. capacity for independent living; and
 7. economic self-sufficiency; and
- E. "reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

Source: Developmental Disabilities Assistance and Bill of Rights Act as Amended (Public law 103-230 Section 10295)

*Please note that in Arizona, eligibility for DDD is narrower than this definition.
This description is not used for Arizona DDD eligibility.*



Scholarship Application

Leadership Education Advocacy Partnership
a program of Pilot Parents of Southern Arizona

Applicant Name _____

Street Address _____

City _____ County _____

Zip Code _____ Phone _____

Email _____

Race/Ethnicity	African American	Asian/Pacific Islander	Caucasian
	Native American	Hispanic/Latino	Other

Disability Information *The federal Developmental Disability definition can be found at the end of this application.

Are you a person with a developmental disability*? Yes No

Are you a parent, guardian or family member of a person with a developmental disability? Yes No

What is your or your family member's developmental disability? _____

What is your relationship with this person? Parent Guardian Sibling Other

What is the age range of the individual with a developmental disability?

0-10 years 11-18 years 18-25 years 25-40 years 41-60 years 61-80 years

Citizenship/Arizona Residency Attach a copy of your Driver's License to complete this application

Are you a citizen of the United States? Yes No

Are you a resident of Arizona? Yes No

Event Information

Event Date _____

Event Title _____

Event Location _____

Event Sponsored by _____

Why do you think this event is important for you to attend?

How will you share your experience and information you learn with others?

Funding Information

Have you ever been awarded LEAP scholarship funds? YES NO
 If yes, When? Amount of previous award \$
 Event attended:

Are you eligible for reimbursement of this event through your employer or an agency/organization of which you are a member? YES NO

Do you work for a disability related organization or state agency? YES NO

What other organizations have you requested financial assistance from?

Agency Name	Amount Requested	Amount Received
_____	_____	_____

Do you receive any of the following public assistance benefits?

SSI/SDI TANF AHCCCS/ALTCS Free/Reduced Lunch

Annual Household Income

Please circle the box that applies to **your family size** and then the corresponding box under your household size that applies to your combined household income for tax year 2013 (this information is used for grant reporting purposes, not to determine eligibility).

Household Size							
1	2	3	4	5	6	7	8
Household Income							
\$0—\$16,350	\$0—\$18,700	\$0—\$21,050	\$0—\$23,350	\$0—\$25,250	\$0—\$27,150	\$0—\$29,000	\$0—\$30,850
\$16,351— \$27,250	\$18,701— \$31,150	\$21,051— \$35,050	\$23,350— \$38,950	\$25,251— \$42,050	\$27,101— \$45,200	\$29,001— \$48,300	\$30,851— \$51,400
\$27,251— \$41,700	\$31,151— \$47,700	\$35,051— \$53,650	\$38,951— \$59,600	\$42,051— \$64,350	\$45,201— \$69,150	\$48,301— \$73,900	\$51,401— \$78,650
Greater than \$41,701	Greater than \$47,701	Greater than \$53,651	Greater than \$59,601	Greater than \$64,351	Greater than \$69,151	Greater than \$73,901	Greater than \$78,901

Please estimate your expenses to attend the event (*mileage, meal and hotel reimbursement will be at State of Arizona established reimbursement rates*). See LEAP website page at Pilotparents.org for rates.

Registration fees	_____
Air Fare	_____
Mileage/Transportation	_____ (# of miles one way) X _____ (state rate) X 2 = _____
Meals	_____ (days) X _____ (per diem rate) = _____
Hotel	_____ (days) X _____ (state room rate) = _____
Other (please specify)	_____
Total	_____
Amount of LEAP Funds being Requested	_____

Please initial each line to indicate you have read, understand and agree to the following terms.

There is a \$500 in-state maximum per year and a \$2000 out-of-state maximum per family/household per every other year. Exceptions to these limits may be considered on a case-by-case basis by Pilot
_____ Parents and the Arizona Developmental Disabilities Planning Council.

_____ LEAP scholarship funding is to be used as the funds of last resort.

By signing below I acknowledge that all information on this application is true and correct. PPSA reserves the right to request documentation regarding disability diagnosis.

Applicant Signature

Date

Attach a copy of the event brochure, flyer, etc. and a copy of your AZ State issued ID to this application.

Submit application & support documentation to



Pilot Parents of
Southern Arizona

2600 N. Wyatt Drive, Tucson, AZ 85712 or Fax (520)324-3152

For more information or questions call (520) 324-3150 or email karen@pilotparents.org

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