**COACHING BOYS INTO MEN APPLICATION/SCHOLARSHIP FORM**

**BP-Energy Center**

**900 E. Benson Blvd.**

**Anchorage, AK 99508**

The October 29, 2018, **Coaching Boys into Men Training** is supported by the Council on Domestic Violence and Sexual Assault, the Department of Education & Early Development, Alaska School Activities Association, and Futures Without Violence. The training is being offered on **OCTOBER 29th** (one-day only) and is a preconference event aligned with the School Health and Wellness Institute (SHWI).

The dates of the SHWI are October 30-October 31st and the event will take place at the BP-Energy Center in Anchorage, Alaska. For more information on the SHWI please go to: <http://dhss.alaska.gov/akshwi/Pages/default.aspx>

Priority will be given to:

Coaches of high school male athletic teams who have attended in the past and/or

Coaches who are new to the program and wish to implement this year and/or

School administrators or athletic directors who wish to learn more about the CBIM program and support it implementation in their school or school district.

Please complete the below application and await approval from Ann Rausch, [ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov) prior to completing your registration on the <http://dhss.alaska.gov/akshwi/Pages/default.aspx> website.

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| --- | --- | --- | --- |
| **First Name** | | | |
| **Middle Initial** | | | |
| **Last Name** | | | |
| **Title** | | | |
| **DOB (for travel purposes)** | | | |
| **Phone** | **Fax** | | |
| **E-mail** | | | |
| **School District** | | | |
| **School** | | | |
| **Address** | | | |
| **City** | | **AK** | **Zip** |
| **Emergency Contact Name:** | | | |
| **Phone** | **Alternative phone** | | |

1. **Have you participated in a Coaching Boys into Men Training in prior years?** 
   1. **Yes b. No**
2. **If yes, have you implemented the CBIM program at least once with your team?**
   1. **Yes b. No**
3. **Are you a certified coach?**
4. **Are you paid staff or volunteer?**
5. **What male high school sports do you coach?**
6. **What region are you in?**
7. **Years coaching experience?**
8. **Have you had a background check in the past year?**

**(Note: Coaches without recent background checks may be subject to undergoing a background check)**

1. **What is the most important thing that you would like to gain from attending this training?**
2. **By accepting a scholarship to attend the Coaching Boys into Men training you agree to implement the CBIM program with your high school male athletic team during the 2018/2019 school year. Scholarship coaches also agree to participate in a program evaluation to better understand how CBIM is working in Alaska. The evaluation consists of a pre-and post survey for Coaches and Athletes along with an End of Season survey for Coaches and Athletes. The evaluation tools will be explained in detail during the CBIM training. Please initial that you have reviewed this scholarship requirement. \_\_\_\_\_**

**Please check the type of scholarship assistance you are requesting below:**

**Full scholarship (travel/lodging/per diem)-see below for a complete explanation of what is covered under a full scholarship) \***

**Travel, per diem, (I will arrange my own lodging)**

**\_\_\_\_\_\_ I do not need a scholarship**

**I will only be attending the CBIM on October 29th**

**\_\_\_\_\_\_ I will attend both the CBIM on October 29th and the SHWI on October 30-31st.**

**\*Residents of Anchorage and in many cases the Mat-Su Valley (distance dependant) are ineligible for travel/lodging/per diem assistance.**

A full scholarship includes roundtrip airfare/transportation to and from Anchorage; lodging and per diem for the CBIM course through the SHWI and/or for the CBIM and attendance at the SHWI. The scholarship **does not include ground transportation.** There are no additional costs.

**Participants not completing the CBIM course and/or the SHWI are responsible to repay their travel/lodging/ per diem/registration scholarship to the Council on Domestic Violence and Sexual Assault.**

|  |  |
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| **Coach Name:** | **District Official:** |
| **Signature** | **Signature** |
| **Date:** | **Date:** |

**RETURN THIS REGISTRATION/SCHOLARSHIP FORM TO**

**THE COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT**

**Attention Ann Rausch**

**FAX: 907-465-3627 or Email:**   
[ann.rausch@alaska.gov](mailto:ann.rausch@alaska.gov)

**Registration Deadline:**

**September 28, 2018**