**Healing, Resiliency and Hope:**

**A Theory to Practice Trauma Treatment Training**

**Attendance Scholarship**

Check one: [ ]  Family [ ]  Organization [ ]  Agency

If Organization or Agency, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you anticipate the information gained at this training will be helpful to you and/or your community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please return form by emailing to* *Lyla.Damopoulos@dodd.ohio.gov* *or*

*Send to Lyla at: DODD*

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