

Mobility International USA

P.O. Box 10767 • Eugene, Oregon 97440 USA
• voice/TDD: 1- 541-343-1284 • Fax: 1-541-343-6812
e-mail: miusa@igc.apc.org

Dear Activist and for the Rights of Women with Disabilities,

Mobility International USA (MIUSA) invites you to **apply for the 1997 International Leadership Institute for Women with Disabilities**, to be held in **June 1997**, in Eugene, Oregon, USA. Please find enclosed the Applicant Questionnaire, Scholarship Application form, Reference Forms, and a one-page description of the program.

It is important that we receive your fully completed application, with completed and signed Reference Forms, as soon as possible. In order to offer an intensive, high quality program, a limited number of delegates will be accepted. We will begin screening applications in October 1996, and we expect the program to be filled by winter 1997.

MIUSA International Women with Disabilities Leadership Institute Women with disabilities who are leaders or potential leaders in their organizations or communities will meet for two weeks for seminars, leadership training exercises, strategy sessions and cultural activities. We will teach and learn from each other, about our successes, about how to solve problems that still face women with disabilities, and how to foster pride and leadership skills in other women with disabilities. Each delegate will lead at least one workshop or activity, sharing her experience and ideas. Guest trainers will be individuals with experience in community organizing, disability rights and women's issues.

Access All activities of the Leadership Institute will be designed so that **all** participants can participate fully. All delegates and staff will work together to ensure equal opportunities for every participant. Delegates who use personal attendants should contact MIUSA to discuss arrangements.

Language The primary language of the Leadership Institute will be English. Spanish and French translation assistance will be available, and American Sign Language interpreters will be provided. Translation to other languages and sign languages is negotiable.

Apply Now! We invite you to complete the enclosed application form, and return it to MIUSA as soon as possible. MIUSA will review applications, and choose delegates based on their experience in leadership, community service and commitment to work with and train other women with disabilities. In selecting delegates, we will also strive for diversity of geographic region, ethnic background and types of disability.

(over, please)

MIUSA also invites you to nominate another woman with a disability, who is beginning to develop her potential as a leader, from your organization, your country or your region. We hope that more experienced leaders will work together with "new leaders", and that by working in teams delegates will be more successful in reaching goals at home. *Please send the completed application of your nominee with your application.*

Costs, Scholarships, and Fundraising The fee for the Leadership Institute will be approximately \$1000 which includes accommodation with a homestay family, all meals, all transportation during the program, and all program activity costs. Travel costs from your home to Eugene, Oregon, USA, are additional, and you are responsible for making your travel arrangements. **PARTIAL SCHOLARSHIPS WILL BE AVAILABLE FOR BOTH PROGRAM FEES AND TRAVEL COSTS.** A Scholarship Application form is included in this packet.

We strongly encourage each delegate to seek additional funding to participate in this unique training opportunity, through sponsorship from organizations, from granting programs specializing in women's and disability issues, and from the other funding sources that support community development and education in your area. Please contact MIUSA to either request or offer suggestions for possible sources of funding. MIUSA will begin notifying delegates who are accepted for the Leadership Institute immediately, so that they can begin fundraising efforts.

International Forum on Leadership Training Strategies for Women with Disabilities Following MIUSA's Leadership Institute, delegates may also choose to participate in the **International Forum on Leadership Training Strategies for Women with Disabilities**, a one-week conference held in Washington D.C., from June 16 - 20, 1997. For more information about the Washington D.C. Forum, please contact Rosangela Berman-Bieler, c/o WID, fax: 1-510-208-9494; e-mail: rbbieler@aol.com; address: 510 - 16th St, Suite 100, Oakland, CA 94612-1500 USA.

The MIUSA International Leadership Institute for Women with Disabilities is sponsored in part by the IDEAS 2000 project of the U.S. National Institute on Disability and Rehabilitation Research.

We look forward to receiving your application, and to this exciting venture to strengthen the growing international sisterhood of women with disabilities.

Sincerely,



Susan Sygall
Executive Director



Cindy Lewis
Project Consultant

Mobility International USA

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e-mail: miusa@igc.apc.org

Dear Friend,

The Global Fund for Women is a non-governmental organization in the US which has funded projects around the world by women, including women with disabilities.

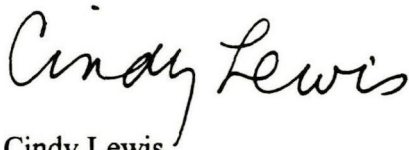
The Global Fund for Women (GFW) is one example of a funding organization which may be interested in funding scholarships for women with disabilities to participate in the International Leadership Institute for Women with Disabilities. GFW sponsors *groups* rather than individuals; however, GFW may fund a group of women with disabilities to send a delegate to the Leadership Institute.

Attached are GFW's Grantmaking Criteria and a Grant Request Sheet, for your information. If you are interested in requesting a grant from GFW to participate in the Leadership Institute, your group should send a Grant Request as soon as possible! Grant Requests are considered quarterly.

Please let Mobility International USA (MIUSA) know if you are requesting grants from GFW or any other funding source. If your application is accepted for the Leadership Institute, we will send you a letter of invitation, or do whatever else that we can to help you in your search for additional funding.

MIUSA is not associated with Global Fund for Women. We include this information as one suggestion for possible fundraising. There are many other foundations around the world which you can approach for funding.

Best wishes,



Cindy Lewis
Project Consultant

GRANTMAKING CRITERIA

General Comments:

The Global Fund for Women grantmaking program focusses primarily on female human rights. The complexities of this area of concern become clear as we receive proposals. In some regions, for example, literacy is seen as the essential human rights issue. In other regions, reproductive rights and the eradication of rape, domestic violence, international trafficking of women, and other violations of women's human rights are central. In still other areas, women's access to the political process is considered the highest priority. In general, therefore, we often interpret "female human rights" in the terms of the women who write to us.

Criteria for Reviewing Requests:

The following are the criteria that the staff now uses as we review requests. Obviously, exceptions are sometimes made to the following criteria. (For example, we may recommend a request that has no Advisor's endorsement because the request itself is compelling and fits all other criteria.) In general, however, the following are the guidelines the staff uses:

- The group demonstrates a *clear commitment to women's equality and female human rights* as well as concern about the way women are viewed and view themselves in society.
- The group is *governed and directed by women*.
- The request is from a *group of women* working together rather than an individual.
- A *strategy that will strengthen the work of the group over time* is described in the proposal. (In other words, a good answer is given to the questions "How will a grant from The Global Fund enable the group to reach its long-term goals?" and "How will such a grant strengthen the group's programs?")
- A *group that may be just beginning or that may need initial financing* in order to receive funding from other sources may be given preference. Groups that have access to more established and larger funders are less likely to be recommended for support.
- The group is *endorsed by our Advisory Council members* or by other people known to and trusted by us.
- Programs to increase women's economic autonomy are positioned within the *larger context of female human rights*.

GRANT REQUEST SHEET

The Global Fund for Women works to strengthen women's groups internationally. In order to be helpful, we need basic and specific information about your group, its composition, and its purposes. We need to learn about the plans of your group and how your group believes its work can be strengthened with a grant of \$500 - \$10,000 from The Global Fund for Women.

Please provide the following information in as much detail as you wish; however, we find that five pages are usually sufficient.

CONTACT INFORMATION

1. Name of group
2. Address
3. Telephone and FAX number (if any)
4. Telex, cable, and electronic mail address (if any)
5. Contact person's name and title (if any)
6. Who completed this grant request sheet? Please sign and date.
7. How did you learn of The Global Fund for Women's grantmaking program?

ORGANIZATIONAL INFORMATION

1. Purpose
 - a. What are your group's main goals?
 - b. When was your group formed?
 - c. Who started your group?
 - d. Why was your group formed? Why did you feel that it was necessary to create a new group?
 - e. Is your group local, national, or international? In which region(s) does your group work?
 - f. Who benefits primarily from your group's activities?
2. Structure
 - a. How does your group make decisions? Does your group have a staff, a board, advisors, or volunteers? How many of each and what are their roles?
 - b. What role do the people who benefit from your group's activities have in the decision-making process of your group?
 - c. How many people participate in your group? Do you have members? If so, how many?
 - d. Is your group a women's organization? If not, please explain the role women play in making decisions about your group's activities?
3. Activities and/or Programs
 - a. Briefly describe your group's past activities and/or programs.
 - b. Briefly describe your group's present activities and/or programs.
 - c. Briefly describe your group's plans for the future.
 - d. Does your organization attempt to influence legislation? If so, how?
 - e. Does your organization recommend or work for the election of a specific candidate for political office? If so, how?
4. Financial Situation
 - a. How much money will your group spend over the next twelve months? (Please be specific.)
 - b. What sources of funds does your group have for the next twelve months? (Please list sources and amounts.)
 - c. How much money did your group spend last year? How was the money spent?
 - d. What were the sources of funds for your activities last year? (Please list sources and amounts.)

GRANT REQUEST INFORMATION

1. How much money are you requesting?
2. For what purpose are you seeking a grant from The Global Fund for Women? Please tell us specifically how this grant will be used, and provide a detailed budget.
3. Finally, and most importantly: How will this grant enable your group to reach its long-term goals? How will a grant of the size you request strengthen your group's programs?

THE GLOBAL FUND FOR WOMEN
425 SHERMAN AVENUE, SUITE 300
PALO ALTO, CALIFORNIA 94306-1823 USA
TELEPHONE: 415/853-8305
FAX: 415/328-0384
E-MAIL: GFW@IGCAPC.ORG

**MIUSA INTERNATIONAL LEADERSHIP INSTITUTE FOR WOMEN WITH DISABILITIES
SCHOLARSHIP APPLICATION**

PARTIAL SCHOLARSHIPS FOR BOTH PROGRAM FEES AND TRAVEL COSTS ARE AVAILABLE. Scholarship amounts will vary based on the applicant's financial needs, the strength of the application, recommendation letters, travel costs, and **matching funding from other sources**. Highest priority will be given to applicants with financial hardships, and to those who are undertaking other fund-raising efforts.

Applicant Name: _____

PLEASE COMPLETE THE FOLLOWING:

Program Fee for Leadership Institute:	a. US \$	1000
Cost of round-trip airfare/transportation (at highest discount rate) from your home to Eugene, Oregon, USA	b.	_____
TOTAL ESTIMATED COST: (a + b)		c. _____
Estimated amount that you will be able to obtain from sponsors and other fund-raising efforts:	d.	_____
Amount that you will be able to contribute from other (personal) sources:	e.	_____
TOTAL ESTIMATED FUNDS AVAILABLE: (d + e)		f. _____

MIUSA is offering some scholarships for both program fees and travel costs.

Based on the above information: how much money are you asking for in the form of a scholarship from MIUSA? **SCHOLARSHIP REQUEST:** _____

PLEASE ANSWER THESE QUESTIONS ON A SEPARATE SHEET OF PAPER. Please write your name and "Scholarship Application for Leadership Institute" at the top of each page.

1. What circumstances in your life contribute to your need for a scholarship?
2. At most, MIUSA can provide limited scholarships funds. Please describe the other fund raising efforts that will undertake to raise money to participate in the Leadership Institute. How much money do you expect to raise?
3. What organizations will provide financial sponsorship or support for you to participate in the Leadership Institute? How much will they contribute?
4. Please summarize why you believe that MIUSA should award you a scholarship for the International Leadership Institute for Women with Disabilities.

Please submit your Scholarship Application with your Applicant Questionnaire.

**1997 INTERNATIONAL LEADERSHIP INSTITUTE
FOR WOMEN WITH DISABILITIES
RECOMMENDATION FORM**

Applicant Name: _____

Applicant: Please provide this form and the one page information sheet about the Leadership Institute to two reference persons who know you and your leadership experience, but who are not family members. Each of your references should complete this form and return it to you in a sealed envelope. Please include the sealed envelope with your application to MIUSA.

Reference Person: The above named woman has applied to be a delegate in the 1997 MIUSA International Leadership Institute for Women with Disabilities, a two week training program in which women with disabilities will develop leadership skills, strategies and networks of support to improve the lives of women and girls with disabilities around the world. Please review the information sheet that describes the program and qualifications of delegates in more detail.

Please give us your recommendation as to the qualifications of the above mentioned woman for the MIUSA International Leadership Institute for Women with Disabilities. Please seal the completed form inside an envelope and return it to the applicant to be submitted with her application. Only complete applications are considered, so please return this form to the applicant as soon as possible. Thank you.

Please type or print clearly.

Applicant Name _____

Name of person giving reference: _____

Organization _____

Telephone/tdd _____ Fax _____
(country and city code, local number) (country and city code, local number)

Do you represent the organization nominating the applicant? _____yes _____no

If yes: Please describe the organization:

What role does the applicant have in your organization? _____

1. How long have you known the applicant? _____

2. Please describe the nature of your relationship with the applicant:

Over, please

- 3 Please comment on leadership qualities and experiences of the applicant: strengths, roles that she has taken, areas that you recommend that she should develop.
4. If selected, how would the applicant's participation in the Leadership Institute help your organization and / or to women with disabilities in your community?
5. Please comment on how the applicant interacts and works with others in group settings; please describe characteristics that would either have a positive or negative impact on this person's participation in the program..

5. Overall, how would you rate this applicant's suitability for the Leadership Institute:

____ Highly recommend ____ Recommend ____ Recommend with hesitation ____ Do not recommend

Comments:

Signature of Reference Person: _____ Date: _____

Please return in sealed envelope to applicant

Mobility International USA

1997 INTERNATIONAL LEADERSHIP INSTITUTE FOR WOMEN WITH DISABILITIES APPLICANT QUESTIONNAIRE

PLEASE TYPE OR PRINT CLEARLY

Applicant Name _____

Current Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Tel/TDD: (____)(____) _____ Fax (____)(____) _____
(Country code, City code, Local number) (Country code, City code, Local number)

E-mail: _____

Permanent Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Tel/TDD: (____)(____) _____ Fax (____)(____) _____
(Country code, City code, Local number) (Country code, City code, Local number)

Birth Date _____
(Month/ Day/Year)

Birth Place _____
(city, country)

Occupation (if student, field of study) _____

Primary Language (spoken or sign) _____

English Language level Beginning _____ Slow _____ Fast _____ Fluent _____

Other Languages (spoken or sign) _____

Nominating Organization (if applicable) _____

Contact Person _____

Mailing Address _____

City _____ State _____ Country _____ Zip/ Postal Code _____

Tel/TDD: (____)(____) _____ Fax (____)(____) _____
(Country code, City code, Local number) (Country code, City code, Local number)

e-mail: _____

On SEPARATE SHEETS OF PAPER please answer the following questions clearly and completely.

- Please type or print CLEARLY on separate sheets of paper.
 - Answers on cassette tape should be audible and clearly understandable.
 - Please answer in English if possible. Answers in French or Spanish will also be accepted.
1. **Please describe your current work as a leader or activist.** What are the goals of your work? What issues or problems are you addressing? What are you DOING to achieve your goals? If you are working with an organization, please describe your role and the goals of the organization.
 2. **Please describe other experiences you have had working for positive change,** in your local community (home, school, work, organizations, etc), nationally, regionally, or internationally.
 3. **Please describe:**
 - a) **your skills, abilities, and knowledge that make you a strong leader or activist today.**
 - b) **skills and knowledge that you need to develop in order to make you a stronger leader or activist.**
 4. **Please describe your style of working with other people.** What are your strengths? What is difficult for you, and how do you handle difficult situations? Please describe **at least one example** of a situation in which you worked closely with other people, describing what you were good at and what was challenging, and how you handled the challenges.
 5. **Please describe your vision of a Leadership Institute for Women with Disabilities.** What would be the most important skills, experiences and knowledge for the women to learn? What kind of activities, workshops, experiences would you organize? **What workshops or training seminars could YOU lead at the Institute?**
 5. **Please describe specifically how you will use the skills, knowledge and experience that you gain at the Leadership Institute? What specific projects or activities will you organize to improve the lives of women with disabilities in your community, country or internationally.**
 6. **Please add any other relevant comments** regarding your participation in this exchange.

ACCESS INFORMATION

p.3

Applicant Name _____

(Optional) MIUSA is committed to organizing an International Leadership Institute for women with a variety of disabilities. In order to help MIUSA provide appropriate accommodations to you, please indicate the type of disability that you have and the type of arrangements that will enable you to participate fully.

Please describe your disability: _____

Please check all those which apply to you:

Communication Methods:

_____ Use Hearing Aid/ Amplification Device (please specify _____)

_____ Use Sign Language (specify which Sign Language: _____)

_____ Use other Communication methods (please specify: _____)

Mobility Methods:

_____ Use mobility aid (cane, walker, etc) _____ Use manual wheelchair

_____ Use motorized wheelchair or scooter (please specify) _____

_____ Other mobility information : _____

Information Formats:

_____ Use Braille _____ Use Large Print _____ Use audio tapes

_____ Use diskette/ computer (will you be bringing your computer? ____ yes ____ no ____ unsure)

Personal Assistance (If you are selected as a delegate, MIUSA will work with you to make arrangements for personal assistance.)

Will you require a personal assistant to enable you to participate? Yes ____ No ____

Do you plan to travel with a personal assistant? Yes ____ No ____ Unsure ____

Please indicate how often you anticipate needing a personal assistant (check all that apply)

_____ morning _____ bedtime _____ at intervals during day _____ continuously

Please describe the type of assistance that you will need:

Health or Medical Needs: Please explain how MIUSA can best assist you to meet your health or medical needs.

Please add any information that will help MIUSA to make accommodations to permit you to participate fully (physical access, environmental issues, information processing methods, etc).

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**1997 INTERNATIONAL LEADERSHIP INSTITUTE
FOR WOMEN WITH DISABILITIES
RECOMMENDATION FORM**

Applicant Name: _____

Applicant: Please provide this form and the one page information sheet about the Leadership Institute to two reference persons who know you and your leadership experience, but who are not family members. Each of your references should complete this form and return it to you in a sealed envelope. Please include the sealed envelope with your application to MIUSA.

Reference Person: The above named woman has applied to be a delegate in the 1997 MIUSA International Leadership Institute for Women with Disabilities, a two week training program in which women with disabilities will develop leadership skills, strategies and networks of support to improve the lives of women and girls with disabilities around the world. Please review the information sheet that describes the program and qualifications of delegates in more detail.

Please give us your recommendation as to the qualifications of the above mentioned woman for the MIUSA International Leadership Institute for Women with Disabilities. Please seal the completed form inside an envelope and return it to the applicant to be submitted with her application. Only complete applications are considered, so please return this form to the applicant as soon as possible. Thank you.

Please type or print clearly.

Applicant Name _____

Name of person giving reference: _____

Organization _____

Telephone/tdd _____ Fax _____
(country and city code, local number) (country and city code, local number)

Do you represent the organization nominating the applicant? _____ yes _____ no

If yes: Please describe the organization:

What role does the applicant have in your organization? _____

1. How long have you known the applicant? _____

2. Please describe the nature of your relationship with the applicant:

Over, please

- 3 Please comment on leadership qualities and experiences of the applicant: strengths, roles that she has taken, areas that you recommend that she should develop.
- 4 If selected, how would the applicant's participation in the Leadership Institute help your organization and / or to women with disabilities in your community?
- 5 Please comment on how the applicant interacts and works with others in group settings; please describe characteristics that would either have a positive or negative impact on this person's participation in the program..

5 Overall, how would you rate this applicant's suitability for the Leadership Institute:

____ Highly recommend ____ Recommend ____ Recommend with hesitation ____ Do not recommend

Comments:

Signature of Reference Person: _____ Date: _____

Please return in sealed envelope to applicant

Mobility International USA

1997 INTERNATIONAL LEADERSHIP INSTITUTE FOR WOMEN WITH DISABILITIES

APPLICATION INSTRUCTIONS

1. Please fill out all sections of this application, including:

____ Applicant Questionnaire (2 pages) ____ Essay Answers (separate pages)

____ Two Completed Recommendation Forms (2 pages each) in sealed envelopes

____ Optional: Scholarship Application.
2. Please type or print clearly in ALL SECTIONS, including Essay Answers. Essay answers may be sent by cassette tape; please confirm that answers are audible and clearly understandable.
3. The official language of the Leadership Institute is English. Please complete the application in English, if possible. Applications completed in French and Spanish will also be accepted.
4. Please include COMPLETE address and telephone/fax numbers, including COUNTRIES, POSTAL CODES, COUNTRY AND CITY CODES, and e-mail addresses if available.
5. **Recommendation Forms:** should be completed by **two persons** familiar with your work and qualities as a leader. These persons cannot be family members. Please provide your reference persons with the **one page information sheet** that describes the International Leadership Institute for Women with Disabilities. Have your reference persons complete and sign the Recommendation Forms and return them to you in sealed envelopes. Please send the completed, signed Recommendation Forms in sealed envelopes to MIUSA with your application.
5. Mail, fax, or send by e-mail your application to MIUSA. (recommendation forms must be sent by postal mail).
Mobility International USA (MIUSA) -- International Leadership Institute for Women with Disabilities
P.O. Box 10767 , Eugene, OR 97440 USA
Fax: 1-541-343-6812. Telephone (voice or TDD): 1-541-343-1284
E-mail: miusa@igc.apc.org (let us know if you want an application by e-mail)
(Physical Address for Express Delivery: 45 W. Broadway Suite 202, Eugene, OR 97401 USA)
6. **Please apply early!** Applications will be accepted beginning in September 1996. In order to offer an intensive, high quality Institute, **a limited number of delegates will be accepted.** Early acceptance will also give delegates more time to seek financial support.
6. If you have any questions or concerns, please contact MIUSA or:
Cindy Lewis, Project Consultant
Fax: 1-510-849-3945; Tel (voice/TDD): 1-510-848-9808; or e-mail: clewis@igc.apc.org

Mobility International USA (MIUSA)
announces the
**1997 International Leadership Institute
for Women with Disabilities ***

June, 1997, Eugene, Oregon, USA. (exact dates to be determined)

A two week training program in which women with disabilities from around the world will develop leadership skills, strategies, and networks of support to improve the lives of women and girls with disabilities around the world.

Who can apply Women with disabilities who are established or emerging leaders in grassroots organizations or communities, from any region or country, demonstrating commitment to the rights of people with disabilities and women.

Seminars on: Building effective organizations, fund raising, public speaking, media, mentorship programs; education, health, family, employment, and violence prevention; regional strategies; development of individual projects.

Team-building activities Outdoor activities and cultural celebrations for developing networks and leadership experience, and to demonstrate cost effective methods for making activities accessible for people with disabilities.

Access and Language All activities will be designed so that every participant of whatever disability can participate fully. Primary language will be English, with American Sign Language interpreters. Other arrangements negotiable, such as for personal assistance, translation and interpreting to other languages

Costs for Delegates Fee will be approximately \$1000 per delegate - includes all accommodations and meals, transportation during the program, activities, orientation materials. Additional travel costs for delegates, from home countries to Oregon, USA, will range from \$500 (U.S.) to \$1500.

Scholarships and Fundraising MIUSA will offer partial scholarships for program fees and for travel costs, based on financial need, travel expenses, and matching funds from other sources.

To Apply: Contact: MIUSA Women with Disabilities International Networking Projects; P.O. Box 10767, Eugene, OR 97440 USA. tel: (voice/tdd) 1-541-343-1284; fax: 1-541-343-6812; email: miusa@igc.apc.org.

** A project of MIUSA with support from the IDEAS 2000 project of the U.S. National Institute on Disability and Rehabilitation Research (NIDRR).*