



Northwest Regional Immigrant and Refugee Rights Training Institute
 April 7-9, 2006 | Portland, OR
National Network for Immigrant and Refugee Rights

APPLICATION FORM

Thank you for your interest in the Northwest Regional Immigrant and Refugee Rights Training Institute! Participation is limited to a maximum of 5 participants per organization, and to groups located in the Northwest region (CO, ID, MT, OR, UT, WA, WY). Priority will be given to organizations who are members of NNIRR working actively with immigrant, refugee or allied communities.

Please email, send, or fax all pages to: NNIRR, 310 8th St. Suite 303, Oakland, CA 94607. By fax: 510-465-1885, or email to echo@nnirr.org. For more information, please call 510-465-1984x303.

Applications are due by **February 28, 2006**. Applicants will be notified of their status by **MARCH 6, 2006**. We will form a waiting list.

Please fill out both an organizational and individual form. If more than one person per organization is applying, you may submit only one organizational form. Please fill out a separate individual form for each participant.

Organizational Information

Organization: _____

Address: _____

City/State/Zip _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Has anyone from your organization participated in a BRIDGE Training or the Immigrant and Refugee Rights Training Institute? ____no ____yes (please specify):_____

What sectors of the immigrant/refugee rights movement does your organization primarily work with as its base of support? *(Check those that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Immigrant community members | <input type="checkbox"/> Communities of color (please specify—i.e. African American, Asian, Latino, etc.) _____ |
| <input type="checkbox"/> Refugee community members | <input type="checkbox"/> Ethnic/nationality groups (please specify—i.e. Salvadoran, Korean etc.) _____ |
| <input type="checkbox"/> Workers: i.e. day laborers, domestic workers, unions | <input type="checkbox"/> Allied communities (please specify):_____ |
| <input type="checkbox"/> Immigrant/refugee women | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Immigrant/refugee youth | |
| <input type="checkbox"/> LGBT immigrant/refugees | |
| <input type="checkbox"/> Faith-based communities | |
| <input type="checkbox"/> Foundations | |

What type of work do you engage in through your organization? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Abuse Documentation |
| <input type="checkbox"/> Community education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Labor organizing | <input type="checkbox"/> Media |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Staff development/management | <input type="checkbox"/> Other: _____ |

Northwest Regional Immigrant and Refugee Rights Training Institute: INDIVIDUAL FORM

Name _____

Organization: _____

Contact Information (if different from organizational contact information)

Address: _____

City/State/Zip _____

Phone: _____ Email: _____

Scholarship application: (If applying for scholarship, please fill out scholarship application)

-
- I am applying for a travel scholarship
-
- I am not applying for a travel scholarship

Language, Accessibility and Dietary Needs:

-
- I will need
- language interpretation/translation**
- . Language: _____
-
-
- I will need
- wheelchair accessible workshop**
- spaces.
-
-
- Other needs: (please specify): _____
-
-
- Dietary:**
- I will need (circle): vegetarian vegan other (please specify): _____

NNIRR membership

-
- I am an individual member of NNIRR
-
- I/my organization is interested in NNIRR membership
-
-
- My organization is a member of NNIRR
-
-
- I/my organization is not a member

What is your role in your organization?

-
- Staff
-
- Board
-
- Other
-
-
- Member
-
- Volunteer

Demographic Information In order to ensure that NNIRR hosts events that reflect the diversity of the immigrant and refugee rights movement, we ask that you provide the following optional information:**Age:** _____ under 24 years old _____ 24–65 years old _____ 65 or older**Gender:** ___ Female ___ Male ___ Transgender ___ Other**Sexual Orientation:** ___ Heterosexual ___ Lesbian/Gay ___ Bisexual ___ Other**Race:** _____**Migration:** ___ Immigrant/Refugee ___ 1st generation (child of immigrants) ___ 2nd generation +**Goals and Training Experience:** Please answer the following questions in the space provided.

1. How would your participation in the Northwest Regional Immigrant and Refugee Rights Training Institute benefit your work and community?

2. What do you hope to gain from participating in the Northwest Regional Immigrant and Refugee Rights Training Institute?



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SCHOLARSHIP FORM

Please fill out one application form for each participant. **The deadline for scholarship and application form is: February 28, 2006.** We will notify you on scholarship awards by DATE. Please include both your scholarship and application form. Scholarship funds are limited, but we will do our best to support participants who could not otherwise attend. Priority will be given to NNIRR members who actively conduct organizing and education with immigrant and refugee community organizations, and to ensure racial, ethnic, age, and sector diversity.

When completed, please email, send, or fax to NNIRR, 310 8th St. Suite 303, Oakland, CA 9460. By fax: 510-465-1885, or email to echo@nnirr.org. For more information call 510-465-1984x303

Contact Information:

Name _____

Organization: _____

NNIRR membership

- I am an individual member of NNIRR
- Yes, my organization is a member of NNIRR
- I would like to renew/become a member. I have enclosed \$_____ for dues.
- My organization would like to renew/become a member. I have enclosed \$____ for dues.

Travel Scholarship Request:

Air travel: I will be traveling from _____ Airport

Road travel: I will be traveling from _____ city

Total cost of travel: \$_____ Travel scholarship requested: \$ _____

Lodging Scholarship Request:

Lodging scholarships are based on \$45/night, shared in a double occupancy room.

Total cost of lodging: \$_____ Lodging scholarship requested\$ _____

Please answer the following questions in the space below:

1) What is your organization's mission and budget?

2) Why are you applying for a scholarship?