

**WPCNHF Scholarship Application to attend
Hemophilia Federation of America's Annual Symposium
April 23-26, 2020
Baltimore, Maryland**

*Please fill out the following application and return it to the WPCNHF office
by US mail, e-mail or fax no later than **March 2nd**.*

Name: _____ Age _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail Address: _____

How are you related to the person affected with a bleeding disorder?

Self _____ Parent _____ Spouse _____ Other (explain) _____

Name and age of affected person, if not self: _____

Type and severity of bleeding disorder: _____

Family members who would attend this conference: _____

WPCNHF is pleased to be able to offer this scholarship to as many chapter members as possible. In order to make our dollars go further and to be able to send multiple families to the HFA Symposium, please let us know if you would be willing to take a partial scholarship by covering any of the costs listed below.

- I would like to cover the cost of my hotel room (estimated at \$537).
- I would like to cover the cost of my travel (estimated at \$250).
- I would like to cover the cost of my HFA Symposium Registration Fee (estimated \$45 per person).

Please read and sign the following:

1. I have read the WPCNHF Scholarship Guidelines and understand the way grants are awarded and that if I win, I will be responsible for any cost NOT LISTED in the grant guidelines as being covered.
2. I agree to volunteer for at least one WPCNHF event in the next year, if I am awarded this grant.
3. I agree to write a short article describing my experience for the WPCNHF Hemogram newsletter, if I am awarded this grant.
4. I understand that if I am awarded the grant, I will be required to give WPCNHF a credit card number to keep on file until the conference is over. If I no-show, cancel or fail to attend conference sessions without a legitimate excuse, I will be responsible for any non-refundable expenses incurred by WPCNHF.

Signature _____

Print your name _____ Date _____

***Please answer the following questions in the space provided.
Your application will be disqualified if you do not answer all questions.
You are welcome to attach more pages if you need additional space to write.***

Have you ever attended an HFA Symposium? _____

If yes, when? _____

What, if any, Chapter events have you attended or participated in during the past 2 years? _____

Explain what type of bleeding disorder you/your family are affected by, how it has impacted your life/lives, and what you hope to gain by attending the HFA Symposium.
