



**WPBDF Scholarship Application to attend
NBDF's 2024 Bleeding Disorders Conference
September 12 to 14, 2024, in Atlanta, Georgia**

*Please fill out this application and return it to the WPBDF office
by mail, e-mail, or fax no later than **May 3, 2024**. Late applications will not be considered.*

Name: _____ Date of Birth: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail Address: _____

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

Self _____ Parent/Guardian _____ Spouse/Partner _____ Other (explain) _____

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

Type and severity of bleeding disorder: _____

Family members who would attend this conference: _____

WPBDF is pleased to offer this scholarship to as many members as possible. To make our dollars go further, and potentially be able to send multiple families to NBDF's BDC, please let us know what scholarship you are applying for (you may select one or all). You will be responsible for the cost of the items not selected.

- Hotel Room for 3 Nights (September 12-15, 2024, estimated at \$189 per night + taxes and fees)
- Round Trip Flight from Pittsburgh to Atlanta (Valued at \$210+)
- NBDF BDC Registration Fee (estimated \$130 per person)

Please read and sign the following:

1. I have read the WPBDF 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 WPBDF event in the next year, if I am awarded this grant.
3. I agree to write a short article describing my experience for the WPBDF Hemogram newsletter, if I am awarded this grant.
4. I understand that if I am awarded the grant, I will be required to give WPBDF 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 WPBDF.

Signature _____

Print your name _____ Date _____

Please answer the following questions.

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 NBDF Bleeding Disorders Conference? _____

If yes, when? _____

What, if any, Foundation events have you attended or participated in during the past 2 years? If you haven't attended an event in the past 2 years, please explain why.

How have bleeding disorders impacted you and your family's life and what do you hope to gain by attending NBDF's Bleeding Disorders Conference?
