



Scleroderma Foundation Scholarship Guidelines
2009 National Patient Education Conference

1. Scholarship candidates are encouraged to submit an application as soon as possible but no later than May 28, 2009. Applications can be submitted via email to tsperry@scleroderma.org or in paper form. Paper applications should be either faxed to 978-463-5809 or mailed to:

Scleroderma Foundation, Attention Scholarship Committee
300 Rosewood Drive, Suite 105
Danvers, MA 01923

2. The number of scholarships awarded will depend on the availability of donations received and the number of full scholarships needed.
3. Scholarships are available for adult patients, children with scleroderma, and parent caregivers for minor children with scleroderma.

However, only ONE scholarship is available per family.

4. Scholarships will be awarded based on the following criteria:
 - Current Scleroderma Foundation member
 - Financial need
 - Consideration for applicants who will be attending their first conference
 - Consideration for applicants who are actively involved in SF activities
 - Ability to share a part of the costs – a minimum contribution of \$25
 - A maximum award of \$1200
5. Scholarships will be applied first to conference registration costs, second to hotel costs for up to three nights, and third to travel costs. All travel must be arranged through the Scleroderma Foundation National office.
6. Notice of scholarship status will be sent from SF VIA EMAIL by June 12, 2009. Please be sure to include email address on application form. If you do not have an email, notification will be sent via USPS.



Scholarship Application for 2009 National Patient Education Conference
St. Louis, Missouri July 17-19, 2009

Application Deadline: May 28, 2009

Your privacy is of the utmost important to SF. All information provided on this application is strictly confidential and will not be shared with anyone other than the Scholarship Committee and selected office staff. Scholarship Committee decisions will be final.

Name:

Date of Birth:

Address:

City:

State:

Zip:

E-Mail (for notification of decision):

Fax:

Day Telephone #:

Cell #

Are you a current member of SF?* Y / N

How long have you been a member?

Have you ever attended a SF conference before?

Y / N Dates(s):

**Please note: Recipients must be SF members. If you are unsure of your membership status or would like to become a member, please call the Foundation at 800-722-HOPE. Membership information and forms are also available at www.scleroderma.org*

I, _____, (*print name*) hereby certify that I have need of funds to attend the 2009 Scleroderma Foundation National Patient Education Conference. Our total family income is approximately \$_____ per year and my immediate family dependent upon this income consists of _____ members.

I request the following level of scholarship (*please circle one from each column that applies to your particular circumstance*):

Level of Assistance:

- A. Full – travel, hotel, registration
- B. Hotel and registration
- C. Registration only

For:

- A. Myself
- B. Myself as a parent of a minor child
- C. Child with scleroderma

Total Amount of scholarship aid requested: _____ (*not to exceed \$1200.00 total*)

Please use a separate sheet of paper, if necessary, to answer the following questions.

Please explain why you would like to attend SF's 2009 National Patient Education Conference and what you hope to gain through the experience.

Conference scholarships are awarded to those with financial need. Please explain the circumstances you are under that might make you eligible for scholarship funds.

Please describe any additional issues the Committee should consider and address in awarding a scholarship to you.

How would you use knowledge gained at the conference to help yourself and other scleroderma patients and their families?

How are you currently involved in SF activities?

Availability of conference scholarships is dependent on funds raised for this purpose. We regret that we may not be able to support all worthy requests. Scholarship recipients must be willing to write a letter to sponsor acknowledging opportunity. The attached release form must be signed and submitted with application.

I hereby certify that the above statements are true and are a correct reflection of my income level as of this date. In addition, I have confirmed my ability to attend this conference with my physician (or minor child's physician, if applicable.)

Signature

Date

Please return application to: Scleroderma Foundation, Attn: Scholarship Committee, 300 Rosewood Drive, Suite 105, Danvers, MA 01923 or Fax to 978-463-5809 or Email: tsperry@scleroderma.org



RELEASE AND INDEMNIFICATION

I hereby authorize the Scleroderma Foundation (“SF”) and its employees, agents, representatives, volunteers and assigns to make use of my story and photograph (collectively “photographs”) for any and all Scleroderma Foundation publications. I hereby authorize SF to use my story and photographs for whatever purpose, including but not limited to advertising, promotional materials, membership materials such as newsletters and other information on the SF website. I understand that I have not been promised, nor will I receive any monetary compensation for the use of my story and photographs. I agree to indemnify and hold SF harmless for any claims as a result of the use of my story and photographs.

Signature

Print Name

Parent Signature (if above signatory under 18)

Print Name

Date