



**Scholarship Application for
2017 Patient Education Day
Aurora, CO, Sunday, September 24, 2017**

Your privacy is of the utmost importance to the Scleroderma Foundation. All information provided on this application is strictly confidential and will not be shared with anyone other than the Chapter Board of Directors and staff.

Application Deadline: September 18, 2017

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Daytime Telephone #: _____ Cell #: _____

1. Have you ever attended a Chapter Patient Education Day before?
Yes No If Yes, year(s): _____
2. Are you active in Chapter events either as a participant and/or volunteer (including support groups, Stepping Out Walks, Food Fight!, mailings, 9Health Fairs, Committees, Board, etc.)?
Yes No If Yes, please explain: _____
3. If you receive this scholarship, do you agree to provide ten (10) hours of volunteer time to the Chapter on or before Sept. 30, 2018?
Yes No
4. Do you agree to adhere to the Chapter Scholarship Policies and Guidelines included as part of this Application?
Yes No
5. Please explain why you feel you should be considered for this scholarship:

Signature: _____ Date: _____

Please return the completed application to: Scleroderma Foundation-Rocky Mountain Chapter, 2280 S. Albion St., Denver, CO 80222 or Email to cbesselievre@scleroderma.org.

**CHAPTER SCHOLARSHIP POLICIES AND GUIDELINES
2017 PATIENT EDUCATION DAY**

1. Applicant must agree to provide ten (10) hours of volunteer work to the Chapter on or before Sept. 30, 2018.
2. Applicant must complete Chapter Application in full and submit to the Chapter on or before the Application Deadline.
3. Applicant must be a current member of the Scleroderma Foundation.
4. Applicant must be a resident of the geographical area served by the Chapter (Colorado and Wyoming) or a state immediately surrounding Colorado, and not a member of another Scleroderma Foundation Chapter.
5. Applicant must reside outside the Denver Metro area.
6. Applicant understands that the maximum amount that will be reimbursed by the Chapter for Patient Education Day expenses will not exceed \$300.00 (including registration fee, hotel and travel expenses such as gas or airfare; meals will not be reimbursed). Applicant must provide receipts for all applicable expenses.
7. If more than 5 patients apply for the Chapter reimbursement, the Chapter Board of Directors will review all applications and select the 5 finalists.