



Capitol Hill Day 2018
April 16 – 18, 2018

Application to Participate and Scholarship Request

Applications are due Wednesday, February 28, 2018 by 5 p.m. Eastern.
Incomplete and late applications will not be considered.

Please note that there is a cap on the number of Capitol Hill Day participants. Since the final number of applicants is yet to be known, we cannot guarantee that every applicant (*including non-scholarship applicants*) will be able to participate in this year's Capitol Hill Day advocacy team. Each person must complete this application to be eligible to participate in Capitol Hill Day 2018.

To apply for participation in Capitol Hill Day and to request scholarship assistance, please complete the entire form, including the SCHOLARSHIP APPLICANTS ONLY sections. Supporting documentation is required to complete your application.

To apply for participation in Capitol Hill Day only, please complete all questions except for scholarship-related sections.

➤ Please mark one of the boxes below to indicate if your application includes a scholarship request:

Scholarship application and to be considered for participation in Capitol Hill Day 2018.

OR

Non-scholarship application to be considered for participation in Capitol Hill Day 2018.

Some advocates will require someone to accompany them at all times in order to participate—most notably, a child with a parent/guardian and a patient with caregiver. If your participation in Capitol Hill Day *requires* that someone accompany you throughout the day, that person *must* complete a separate application (*that person may apply for a scholarship, too*). Accompanying parents/guardians/caregivers receiving a scholarship are expected to participate fully. Please be aware that everyone must participate in the Monday evening dinner/orientation and that the Tuesday (*on the Hill*) is a long and fast-paced day. We do take into account the use of wheelchairs, walkers, oxygen tanks, etc. Children are held to the same expectation as all advocates.

If the aforementioned applies to you, please indicate the name of the other applicant and your relationship to that person:

➤ Name of person accompanying you (*please print*): _____
➤ Relationship to you: minor child parent/ guardian caregiver patient other _____

We respect your privacy. Application information is held in strict confidence and will not be shared beyond the Scholarship Review Committee. For those submitting tax records as part of a scholarship application, **social security numbers and dates of birth may be blacked out/redacted before submitting**. That information will not be shared beyond the national office.

IF FILLING OUT BY HAND, PLEASE PRINT LEGIBLY

First Name: _____ **Last Name:** _____ **Age (for those < 21):** _____
(How you prefer your nametag to read)

Street/P.O. Box: _____

City: _____ **State:** _____ **ZIP +4:** _____ (if unsure of +4, enter ZIP+0000)

Email: _____

Cell # (including area code): _____ **Home # (including area code):** _____

Are you a scleroderma patient? Yes No **Are you a primary caregiver?** Yes No **Other** _____

To ensure that transportation between the hotel and Capitol Hill is fully accessible for everyone, please check all that apply:

- Yes, I will need accessible transportation to accommodate: wheelchair scooter walker oxygen _____
 I will coordinate my own transportation to Capitol Hill on Tuesday, April 17, so I will not be on the bus to/from the hotel.

Are you a registered voter in the United States? Yes No N/A (*minor child*)

Are you registered to vote in one of the states listed below? Yes No If yes, state (2 letters) _____ and district # _____.

Scholarship applications from those in the states listed below receive high priority because key members of Congress from these states serve on committees (*including the Energy and Commerce and Appropriations Committees*) that are relevant to our advocacy efforts. While advocates from *all* states are encouraged to apply, it is essential to our efforts to have advocates who are registered voters of these states/districts to ask their Congressional leaders to support the bill and to be champions of [H.R. 4638](#) in their committees (*click link to follow the bill's progress*). If you are not from one of these states, do not let that keep you from applying.

If you are unsure of your district, click [Find Your Representative](#) and enter your residential ZIP Code. Scroll down to find your representative. The district number is listed under the representative's name. **D** = Democrat; **R** = Republican and **I** = Independent. Detailed information (*including representatives' names and cities/towns in their districts*) is at the end of this document.

STATE	DISTRICT(S)	STATE	DISTRICT(S)
California	6, 9, 18, 36, 45, 52	Florida	12, 14
Indiana	5, 8	Kentucky	2
Louisiana	1	North Carolina	1, 8
Oklahoma	2	Oregon	2, 5
Tennessee	7	Vermont	1 (statewide)
Washington	5	West Virginia	1

Have you attended a previous Scleroderma Foundation Capitol Hill Day? Yes No If yes, when: _____

Have you attended a previous Capitol Hill Day with a different organization? Yes No If yes, when: _____
and with what organization(s): _____

Have you established an advocacy-related connection with one or more elected officials from your state? Yes No
If yes, who is the elected official, and what is the nature of your constituent/legislator connection?

Note: Each Capitol Hill Day advocate will be pre-assigned to a small group that will attend meetings together (*i.e., advocates from California and Oregon will join together to meet with legislators of both states*). Each small group will have 5-6 people from 2-3 states with at least one experienced Capitol Hill Day advocacy leader in each group. Primary responsibilities may include keeping your group on schedule and helping with head count at the bus—not necessarily serving as the group's primary spokesperson.

➤ Are you an experienced Capitol Hill Day advocate and would like to be considered as a group leader? Yes No

QUESTIONS (*all applicants answer questions 1 through 6*):

Responses are important components of each *scholarship* and *non-scholarship* application. Legible and thorough (*yet brief*) responses are taken into account by the review committee. Please use additional space or separate pages as needed.

1. Please explain *why* you want to participate in the Scleroderma Foundation's 2018 Capitol Hill Day.

2. What do you hope *to gain* by participating in the Scleroderma Foundation's 2018 Capitol Hill Day?

3. What do you hope *to contribute* by participating in the Scleroderma Foundation’s 2018 Capitol Hill Day?

4. How are you been involved (*currently or previously*) with the Scleroderma Foundation (*i.e., support group, specific advocacy efforts, chapter leadership, fundraising, educational events, national conference, etc.*)?

5. Briefly explain your understanding of why the Scleroderma Foundation engages in advocacy efforts.

6. What are the three primary components of the Scleroderma Foundation’s mission statement?

FOR SCHOLARSHIP APPLICANTS ONLY – *If not applying for a scholarship, please skip to the ALL APPLICANTS section.*

I, _____, (*first/last name*) wish to be considered for an **advocacy scholarship** in order to participate in the 2018 Capitol Hill Day. My **total annual household income** is approximately \$_____, and the **total number of people** living in my household depending on this income (*including myself*) is _____ people (# _____ children; # _____ adults). Please use extra space (or a separate page) if you wish to elaborate in more detail:

FOR SCHOLARSHIP APPLICANTS ONLY: Personal information such as social security number (SSN), address and date of birth may be blacked out prior to submitting the documents with your application. This information will be reviewed by the national staff only.

Financial Documentation Requirement (*summary pages only—please do not send entire tax returns*):

- Most recent IRS Federal Tax Return(s) and/or a copy of my most recent SSDI Annual Income Statement.
- Spouse’s most recent IRS Federal Tax Return(s) and/or SSDI Annual Income statement.
- Other household family members’ most recent IRS Federal Tax Return(s) and/or SSDI Annual Income Statement.
- If married and filing separately, you must submit the aforementioned income forms for BOTH applicant and spouse.
- If there are adults in your household other than a spouse who receive income, you must also provide their tax return and/or SSDI forms. These documents must equal the amount listed above under **TOTAL FAMILY INCOME** and are required to verify total household income. If the amounts are not equal, please provide an explanation on a separate page.

- If you wish to share additional information that the Scholarship Review Committee should take into consideration, please use this space (*or a separate page*) to elaborate:

ALL APPLICANTS (*scholarship and non-scholarship*):

Regarding the application review process:

- All participants must complete an application to be considered so we can adequately plan for meals and transportation to/from hotel and Capitol Hill (*also applies to those not staying at the hotel and/or planning their own transportation to Capitol Hill*).
- There is a cap on the total number of Capitol Hill Day participants (*the exact number has not yet been determined*).
- Completed applications from registered voters from the identified key states will receive high priority in the review process.
- Scholarship funding is for those with financial need who *also* provide an impactful perspective and voice critical to the overall goal of getting [H.R. 4638](#) passed in this session of Congress.
- There is a limited amount of scholarship funding allocated for Capitol Hill Day.
- Responses to questions are carefully considered as part of the review process.
- By submitting an application, the applicant intends to participate fully in orientation meetings, pre-event trainings and some advance reading to be as prepared as possible.
- Patients (*with or without an accompanying caregiver*) are encouraged to apply.
- The need for a wheelchair, walker, oxygen, etc. in no way restricts participation or scholarship consideration.
- We may not be able to approve all requests for scholarships or all non-scholarship requests to participate.

By signing below, I affirm that the information provided in this application is true and (*for scholarship applicants*) accurately reflects my income level as of the date signed. If applicable, I have confirmed my ability to attend Capitol Hill Day 2018 with my physician (*or minor child's physician*).

Printed Name of Applicant

(minor child's name and parent/guardian name, if applicable)

Signature of Applicant

(parent/guardian signature, if applicable)

Date

All applications (*scholarship and non-scholarship*) with supporting documentation (*as applicable*) **must be received** at the national office no later than 5 p.m. Eastern on **Wednesday, February 28, 2018**. If possible, submit completed applications in a single PDF file. Applications received by email or U.S. Mail are preferred over faxed applications.

To submit by email, send completed application with supporting documentation to David Murad at dmurad@scleroderma.org.

To submit by U.S. Mail, send completed application with supporting documentation to the national office:

Scleroderma Foundation
Attention: David Murad
300 Rosewood Drive, Suite 105
Danvers, MA 01923

If fax is your best option, please send completed application and supporting documents with a **FAX COVER SHEET** that includes *your name, address, phone number and the total number of faxed pages* to David Murad's attention to **(978) 777-1313**.

Please review your application thoroughly before submitting as incomplete applications will not be considered. Completed applications must be received by the national office by 5 p.m. Eastern on Wednesday, February 28, 2018. If you do not receive an email confirming receipt of your application within five (5) business days of submitting it, please contact David Murad at dmurad@scleroderma.org. All applicants (*scholarship and non-scholarship*) will be notified by Wednesday, March 7, 2018.

Additional Information about Key States and Districts

Members of Congress listed below serve on the Energy and Commerce Committee. The letter following the member's name indicates party affiliation, and the number indicates the district represented. These members of Congress are important to advancing **H.R. 4638** that has already been introduced to the House.

California

- **Congresswoman Doris Matsui** (D-6); representing Sacramento, West Sacramento and North Highlands
- **Congressman Jerry McNerney** (D-9) representing Stockton, Galt and Brentwood
- **Congresswoman Anna Eshoo** (D-18) representing Palo Alto, Saratoga and Campbell
- **Congressman Raul Ruiz** (D-36) representing Palm Springs, La Quinta and Hemet
- **Congresswoman Mimi Waters** (R-45) representing Mission Viejo, Irvine and Villa Park
- **Congressman Scott Peters** (D-52) representing Coronado, Poway and La Jolla

Florida

- **Congressman Gus Bilirakis** (R-12) representing Port Richey, Zephyrhills and Dade City
- **Congresswoman Kathy Castor** (D-14) representing Tampa, Lutz and Port Sutton

Indiana

- **Congresswoman Susan Brooks** (R-5) representing Marion, Zionsville and Fishers
- **Congressman Larry Bucshon** (R-8) representing Terre Haute, Jasper and Evansville

Kentucky

- **Congressman Brett Guthrie** (R-2) representing Danville, Bowling Green and Radcliffe

Louisiana

- **Congressman Steve Scalise** (R-1) representing Dulac, Port Sulphur and Hammond

North Carolina

- **Congressman G.K. Butterfield** (D-1) representing Durham, Littleton and Greenville
- **Congressman Richard Hudson** (R-8) representing Concord, Albemarle and Fort Bragg

Oklahoma

- **Congressman Markwayne Mullin** (R-2) representing Muskogee, Pryor Creek and Durant

Oregon

- **Congressman Greg Walden** (R-2) representing Medford, Bend and Klamath Falls (Chair, Energy and Commerce Committee)
- **Congressman Kurt Schrader** (D-5) representing Salem, Tillamook and Oregon City

Tennessee

- **Congresswoman Marsha Blackburn** (R-7) representing Clarksville, Franklin and Bolivar

Vermont

- **Congressman Peter Welch** (D-1) representing the entire state

Washington

- **Congresswoman Cathy McMorris Rodgers** (R-5) representing Spokane, Davenport and Walla Walla

West Virginia

- **Congressman David McKinley** (R-1) representing Parkersburg, Wheeling and Morgantown

For office use only:

Received: _____ Complete: Yes No SCH: _____ NSCH: _____ N: _____ ACC: _____ LT: _____
