

2019
July 19-20-21



NATIONAL
PATIENT
EDUCATION
CONFERENCE
Chicago, Illinois

**Scleroderma Foundation Scholarship Guidelines and Application
2019 National Patient Education Conference, Chicago, Illinois – July 19-21**

1. **Application Deadline: March 20, 2019**

Scholarship candidates are encouraged to submit an application as soon as possible but all applications must be *COMPLETE* and *RECEIVED* by the Scleroderma Foundation no later than March 20, 2019.

Incomplete or late applications will not be considered.

Applications should be submitted via email to: sgianetta@scleroderma.org

If necessary, paper applications can be mailed or faxed to:

Scleroderma Foundation, Attention: Scholarship Committee

300 Rosewood Drive, Suite 105, Danvers, MA 01923; FAX: (978) 777-1313

2. **Financial Documentation Requirement:**

Applications will not be accepted or considered without the following financial documentation necessary to verify the applicants total household income:

- A copy of the applicant's most recent IRS Federal Tax Return(s)
- and/or -
- A copy of the applicant's most recent SSDI annual income statement.

If married and filing separately, you MUST submit the above-mentioned income forms for BOTH applicant and spouse.

If there are other persons in the household receiving income other than the spouse, you MUST also provide their tax return and/or SSDI forms.

These documents must equal the amount listed under TOTAL FAMILY INCOME. This is necessary to receive verification of your total household income. If the amounts are not equal, please provide an explanation on a separate piece of paper.

3. **Income Guidelines:**

Total household income must fall on or under the following guidelines:

Household Size	Maximum Total Income Level
1	\$36,420
2	\$49,380
3	\$62,340
4	\$75,300
5	\$88,260
6	\$101,220
7	\$114,180
8	\$127,140
each additional person, add	\$12,960

-This table reflects dollar amounts that are 300% above the Federal Poverty Guidelines

Applicants are given an opportunity to state any extenuating factors (i.e., costs of medical treatments) on the application for which they feel the committee should take under consideration.

4. **Eligibility:**

Scholarships are available for adult patients, children with scleroderma, and parent caregivers of minor children with scleroderma.

Only ONE scholarship application will be accepted per family. Funds can only be used for one member of the family unless the application is for a minor child with scleroderma who must be accompanied by a parent and/or guardian. The scholarship would then be given to the minor child with scleroderma and ONE parent and/or guardian.

Previous conference scholarship award recipients are ineligible to apply until three (3) years after the year of the initial award, i.e., if you attended the 2016 conference with a scholarship, you cannot apply again until the 2019 conference.

5. **Additional Application Considerations:**

- Thoughtfulness of answers to application questions.
- Consideration is given to applicants actively involved in Scleroderma Foundation activities.
- Priority is given to applicants attending their first Scleroderma Foundation Conference.

6. **Scholarship Award Guidelines:**

- The number of scholarships awarded will depend on the availability of donations received to the scholarship fund and the number of qualified applications received.
- Award decisions made by the Scholarship Committee are final.
- All travel arrangements must be made through the Scleroderma Foundation National office.

7. **Scholarship Award Notification:**

- Notice of scholarship status will be sent from the Scleroderma Foundation **VIA EMAIL in mid-April**. Please be sure to include a valid email address on the application form. If you do not have an email, notification will be sent via USPS.

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**Scholarship Application for the Scleroderma Foundation 2019 National Patient Education Conference
Chicago, Illinois – July 19-21, 2019**

Application Deadline: March 20, 2019
Incomplete or late applications will not be considered.

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 Scholarship Committee and selected office staff.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Fax: _____

Day Telephone: _____ Cell: _____

Household Income:

I, _____ (print name), hereby certify that I have need of funds to attend the 2019 Scleroderma Foundation National Patient Education Conference. My **TOTAL FAMILY INCOME** is approximately \$ _____ **ANNUALLY** and my immediate family **dependent upon this income consists of _____ MEMBERS.**

Financial Documentation Requirement: I have included the following required financial documentation:

- A copy of my most recent IRS federal tax return(s) and/or a copy of my most recent SSDI annual income statement.
- A copy of my spouse's most recent IRS federal tax return(s) and/or SSDI annual income statement.
- A copy of my other household family member's most recent IRS federal tax return(s) and/or SSDI annual income statement.

If married and filing separately, you MUST submit the above-mentioned income forms for BOTH applicant and spouse.

If there are other persons in the household receiving income other than the spouse, you MUST also provide their tax return and/or SSDI forms. These documents must equal the amount listed above under TOTAL FAMILY INCOME. This is necessary to receive verification of your total household income. If the amounts are not equal, please provide an explanation on a separate piece of paper.

I request the following level of scholarship

(please check one from each column that applies to your particular circumstance):

Level of Assistance:

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

For:

- A. Myself or
- B. Myself as a parent of a minor child or
- C. Child with scleroderma (Under 18 years of age)
- D. Parent/Guardian AND child with scleroderma

Total Amount of scholarship aid requested: \$ _____ (**not to exceed \$1,200 per person**)

If you have selected Level A above, please indicate how you would be traveling to the conference:

- DRIVING or FLYING

Please use a separate sheet of paper, if necessary, to answer the following questions. Please be sure your answers are legible and please be thorough in your answers as these are used in determining scoring.

Have you ever attended a Scleroderma Foundation national conference before? No Yes, Dates(s): _____

Please explain why you would like to attend the 2019 National Patient Education Conference and what you hope to gain through the experience.

Conference scholarships are awarded to those with financial need and must meet the income guidelines on the Scholarship Application Guidelines. Please explain any extenuating circumstances that the Scholarship Committee should consider when looking at your eligibility income.

Please describe any additional issues the Scholarship 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 Scleroderma Foundation 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.

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

Applicant Signature

Date

Applications along with required financial document must be received by the Scleroderma Foundation no later than March 20, 2019.

Please submit via email to: sgianetta@scleroderma.org

If necessary, paper applications can be mailed or faxed to:

Scleroderma Foundation
Attention: Scholarship Committee
300 Rosewood Drive, Suite 105
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