



APPLICATION FOR NHF ANNUAL CONFERENCE TRAVEL SCHOLARSHIP

October 11-13, 2018 – Orlando, FL

DUE MAY 31st, 2018

Completion of this application will automatically register you with the Nevada Chapter of the National Hemophilia Foundation and place you on the mailing list. If you do not wish to be placed on the mailing list, please initial here: _____

Complete the following information in a different font or color if filling out electronically. Sign, scan, and email or send via postal mail.

BASIC INFORMATION

Primary Applicant's First and Last Name: (Parent's names in case of a minor.)

Address (Street, City, State, and Zip):

Phone number(s) (where you can be reached for follow up questions): _____

Primary applicant is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: _____

Total number requesting to attend the Annual Conference including the primary applicant: _____



ASSISTANCE DETAILS

Please list others requesting to attend (if applicable)

First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age

Have you **ever** received a grant from the **Nevada Chapter – NHF** to attend an NHF Annual Meeting Conference?

- Yes In what year _____
- No

Are you a Nevada Chapter – NHF Advisory Board Member?

- Yes
- No

Select the Annual Meeting assistance you are requesting from the Nevada Chapter.

(Select all that apply)

- Annual Meeting Registration (Number _____)
- Annual Meeting Child Care Registration (Number_____)
- Airfare (Number _____)
- Lodging (Total Number of Adults and Children_____)
- Meal Assistance
- Ground Transportation

Describe how attending the NHF Annual Meeting will benefit you/your family:

Include as much detail as possible.



Describe how you will use information gained at the NHF Annual Meeting to benefit the bleeding disorder community in Nevada:

This is not required, but is recommended.

Please list any additional financial assistance requested to attend the NHF Annual Meeting and outcomes of each request:

This is not required, but is recommended.

Have you applied for financial assistance from NHF Nevada Chapter in the past 12 months? If so, please provide the date and amount of assistance received.

NHF Nevada Chapter cannot provide funding directly to individuals, but if approved, NHF Nevada Chapter will pay the vendor(s) directly.

I, _____, have read the National Conference Funding Guidelines, and understand the following:

(check each box)

- Each year the Nevada Chapter will fund the following Attendees completely (including airfare, Two Staff and One Board Member (and immediate family if affected by a bleeding disorder) are eligible for their travel to be funded completely (including airfare, hotel, conference registration, ground transportation, baggage fees).
- The remaining number of travel grants will be awarded in the following amounts as funding is available:
 - o Families of 1-4 – Maximum \$1500

Nevada Chapter of the National Hemophilia Foundation
222 S. Rainbow Blvd. • Suite 203 • Las Vegas, Nevada 89145
Phone 702.564.4368 • Fax: 702.446.8134 • www.hfnv.org



- Families of 5-8 – Maximum \$2500
- Preference will be given to applicants who:
 - Are 1st Time Attendees (those who have never attended a National Conference)
 - Did not attend the National Conference the previous year.
 - Are actively involved in Nevada Chapter activities.

Should I be selected to receive a travel grant, I commit to doing the following:

- Sign & return a receipt stating they received the grant
- Submit receipts for expenses incurred under the travel grant. Only receipts for hotel, airline & conference registration will be accepted.
- Submit to the Chapter a short synopsis of their trip including benefits, things learned, benefit to their children, if applicable.

I, _____, certify that the information I have submitted is true and accurate to the best of my knowledge. In the event that there is change to the information I have provided on this application, I will notify the Nevada Chapter of the National Hemophilia Foundation within 15 days.

Signature: _____ **Date:** _____

Please submit via email to bvandeusen@hemophilia.org OR via mail to:
National Hemophilia Foundation, Nevada Chapter
222 S. Rainbow Blvd., Suite 203
Las Vegas, NV 89145

DO NOT WRITE BELOW THIS LINE

To be completed by NHF Nevada Chapter Representative Only

Request approved by: _____ **Amount approved:** _____

Check number: _____ (attach copies of credit card payment receipts)

Date fund assistance mailed/paid: _____

Sent by: _____