

# Application for the Crooked Branch Travel Scholarship to attend either

HFA's Symposium April 4-6, 2019 in San Diego, CA or  
NHF's Annual Meeting October 3-5 th, 2019 in Anaheim, CA

Please fill out the following application and return it to the HFO office  
by U.S. mail, e-mail, or fax **no later than January 15<sup>th</sup>, 2019.**

Which meeting you would like to attend \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How are you related to the person affected with a bleeding disorder?

Self \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other (explain) \_\_\_\_\_

Name and age of affected person, if not self: \_\_\_\_\_

Type and severity of bleeding disorder: \_\_\_\_\_

Please read and sign the following:

1. I have read the Crooked Branch Travel Scholarship Guidelines and understand the way grants are awarded and that if I win, I will be responsible for any cost NOT LISTED in the grant guidelines as being covered
2. I agree to volunteer for at least one HFO event in the next year, if I am awarded this grant.
3. I agree to write a short article describing my experience for the HFO Hemophilia Headlines newsletter, if I am awarded this grant.
4. I commit to spend at least an hour of time at the annual meeting with Kevin Finkle (or other HFO Representative) in the industry booths participating in chapter challenges to attempt to secure additional funds perpetuate the Crooked Branch Travel Scholarship Fund.
5. I understand that if I am awarded the grant, I will need to give HFO a credit card number to keep on file until the conference is over. If I no-show or cancel without a legitimate excuse, I will be responsible for any non-refundable expenses incurred by HFO.

Signature \_\_\_\_\_

Print your name \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the questions on the next page.  
Your application will be disqualified if you do not answer all questions.**

