



APPLICATION FOR EDUCATIONAL CONFERENCE TRAVEL GRANT

DUE THREE MONTHS PRIOR TO THE CONFERENCE

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: _____

Name of Conference you are applying for: _____

Dates you will be attending conference: _____ **to** _____

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 Educational Conference?

- ☐ Yes In what year _____
- ☐ No

Are you a Nevada Chapter – NHF Advisory Board Member?

- ☐ Yes
- ☐ No

Select the assistance you are requesting from the Nevada Chapter.

(Select all that apply)

- ☐ Conference Registration (# of People _____)
- ☐ Child Care Registration (# of Children _____)
- ☐ Airfare (# of People _____) or Gas Card (Miles to Destination _____)
(Departure Date _____, Return Date _____)
- ☐ Lodging (Total Number of Rooms _____, Total Number of Nights _____,
Requested Venue: _____ Nightly Rate: _____)
- ☐ Meal Assistance (Date _____, Meal ___B___L___D, # of People _____)
(Date _____, Meal ___B___L___D, # of People _____)
(Date _____, Meal ___B___L___D, # of People _____)
(Date _____, Meal ___B___L___D, # of People _____)
- ☐ Ground Transportation (# of days _____)



Describe how attending the Conference will benefit you/your family:

Include as much detail as possible.

Describe how you will use information gained at the Conference 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 conference 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.

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



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

(check each box)

- ☐ Travel grants will be awarded in the following amounts as funding is available:
 - o Families of 1-4 – Maximum \$1500
 - o Families of 5-8 – Maximum \$2500
- ☐ Preference will be given to applicants who:
 - o Are 1st Time Attendees (those who have never attended a National Conference)
 - o Did not attend a National Conference the previous year.
 - o Are actively involved in Nevada Chapter activities.
- ☐ I understand that I will only be awarded up to a certain amount and may have

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 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 the address below.

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: _____