



HDSA Annual Convention Scholarship 2019

Made possible by Lundbeck



The Huntington's Disease Society of America is pleased to announce it is now accepting applications for scholarships to attend the 34th Annual HDSA Convention in Boston, MA this June. This scholarship program is made possible by the generous support of Lundbeck.

The intent of this scholarship program is to help families and individuals **who have never been** to an HDSA Convention attend the Society's 2019 Annual Convention.

Scholarship Availability & Application

The scholarship is open only to **first time** Convention attendees who are **not** Massachusetts residents. (Massachusetts residents please see separate scholarship applications.) Applicants must be 18 years or older as of January 1, 2019. Open to residents of the United States only.

The 2019 Convention Scholarship Application follows this introduction. The application is also available online from the HDSA website (www.hdsa.org/scholarship).

What does the Scholarship cover?

Travel by Plane/Amtrak - Scholarship will cover:

- Round-trip airfare or train fare up to \$500 per person for up to four family members (**please note you must book and pay for your airfare or train fare and you will be reimbursed at the Convention**);
- One hotel room for up to four family members at the Boston Marriott Copley Place for 3 nights, June 27th - June 29th;
- Convention Registration Fees for up to four family members; and
- Saturday night Convention Gala tickets for up to four family members.

Travel by Automobile - Scholarship will cover:

- Roundtrip mileage reimbursement at 58 cents per mile up to 1,000 miles round trip (distance to be calculated on Google Maps);
- One hotel room for up to four family members at the Boston Marriott Copley Place for 3 nights, June 27th - June 29th;
- Convention Registration Fees for up to four family members; and
- Saturday night Convention Gala tickets for up to four family members.

What doesn't the Scholarship cover?

- Hotel incidentals (You will need to have a credit card and ID to check into your room.)
- Transportation to and from the hotel/airport.
- Meals that are not provided as part of the Convention registration. (Registration includes Friday lunch, Saturday breakfast and Saturday dinner.)

Application Deadline:

Applications must be **received** no later than midnight, Wednesday, April 10, 2019. The application and all required signatures are to be mailed to:

Convention Scholarship
Huntington's Disease Society of America
505 Eighth Avenue, Suite 902
New York, NY 10018
Attention: Robert Coffey

Applications may also be submitted via fax to 212-239-3430 or a scanned pdf may be emailed to rcoffey@hdsa.org. Applications may also be submitted online at www.hdsa.org/scholarship

Notification of Winners

Applicants will be notified no later than May 8, 2019 as to whether they have been awarded a scholarship.

Attached:

HDSA Annual Convention Scholarship Application

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Huntington's Disease Society of America
Attn: Robert Coffey - Convention Scholarship
505 Eighth Avenue, Suite 902
New York, NY 10018
Phone: 212-242-1968 Fax: 212-239-3430

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HDSA Annual Convention Scholarship Application

This, and all following pages, must be completed in full and submitted to HDSA as your "application" for the HDSA Annual Convention Scholarship. All information contained on this application will be kept in strict confidence.

Deadline: Wednesday, April 10, 2019

Determination of Scholarship Awards

You will be notified no later than May 8, 2019 as to the status of your Convention scholarship application.

Applicant (all fields are required, no P.O. boxes please)

Lead Applicant Name:		Birth Date:	
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Special Meal:	<input type="checkbox"/> Pureed Food <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free		

Name:		Birth Date:	
Relationship to Applicant:			
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Special Meal:	<input type="checkbox"/> Pureed Food <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free		

Name:		Birth Date:	
Relationship to Applicant:			
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Special Meal:	<input type="checkbox"/> Pureed Food <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free		

Name:		Birth Date:	
Relationship to Applicant:			
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
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Sections 1 through 7: HDSA Annual Convention Scholarship

1. I confirm that me and my family members listed on this application have never attended an HDSA Annual Convention before. (To receive a scholarship, you and the family members listed on this application must not have attended a previous HDSA Annual Convention.) _____ Yes _____ No

2. Did you apply for a Convention scholarship in a previous year?

_____ Yes _____ No

If yes, what year? _____

3. Are you actively part of a local HDSA Chapter/Affiliate and/or support group?

_____ Yes _____ No

If yes, please provide the name of the Chapter/Affiliate and/or support group location.

4. Travel

a. Will you require airfare or train fare to Convention: ___ Yes ___ No

b. If yes, what is your originating airport or train station: _____

c. No, I will be driving to the Convention approximately _____ miles roundtrip.

5. The total 2018 Gross Annual Income for your household was:

- _____ Under \$20,000
 _____ \$20,000 but under \$45,000
 _____ \$45,000 but under \$70,000
 _____ \$70,000 or higher

6. Why do you wish to attend the HDSA Annual Convention and how would a scholarship be beneficial to you and your family? (Please use additional paper if you need more space.)

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7. Release of Liability

I hereby accept full responsibility for the safety and care of myself and the family members traveling with me should I be awarded an HDSA Annual Convention Scholarship. I and my family members traveling with me are able to travel on our own and attend the HDSA Annual Convention in Boston, MA without aid or supervision.

Signature of Applicant: _____

Date: _____

Print Name: _____

Deadline & Mailing Instructions

This application, including essay, all attachments and required signatures, must be **received** no later than midnight, Wednesday, April 10, 2019.

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Application Check list:

Did you remember to...

Fill out all fields in the application

Answer question #6 and include additional pages as needed

Sign all the forms

#

Thank you!

*Someone will contact you by May 8, 2019
to let you know if you have received scholarship support.*

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