



Family Conference Scholarship Request

Name _____ Date _____

Address _____ City _____ Zip _____

E-mail _____ Phone _____

Child's Name _____ Birthdate _____ Disease _____

Eligibility for Conference Scholarships

- 1) Limited to immediate family (Affected child, parents/legal guardians, and siblings).
- 2) Expenses eligible include: Registration (Early Registration costs), Travel, and Lodging.
- 3) Must be registered with AHF for at least 1 year prior to application.
- 4) Application must be made two weeks prior to national organization's early registration deadline.
- 5) If national conference has a scholarship process, families must first try to receive a scholarship from the national foundation. Proof must be submitted with AHF application.
- 6) Conference information must be attached with application.
- 7) Scholarship funds will be dispersed after receipts are received, and conference has been held. If family does not attend conference, scholarship will be forfeited (except for disease related illness).
- 8) You agree to submit a written statement to AHF within 1 month of you return, on what your family gained by attending the conference. Photo would be appreciated but is optional.

General family scholarships will be limited to \$1,000 of eligible expenses. Additional funds may be made available by review committee based on financial need, and AHF participation.

The following statement must be signed to validate this request:

I am requesting a scholarship from Angel's Hands Foundation to attend this year's national family conference on my child's disease. **I understand my request will not be considered unless all information is submitted to AHF two weeks prior to the conference early registration deadline.**

Signature _____

Note: The application will not be reviewed unless completely filled out, and the request letter is attached. Applications should be e-mailed (Mark@angelshands.org), or mailed to Angel's Hands Foundation.

Angel's Hands Foundation
11152 Sunup Way
South Jordan, UT 84095

11152 South Sunup Way, South Jordan, UT 84095 801-280-1801 www.angelshands.org
TIN: 87-0674033 Angel's Hands Foundation is exempt from Income Tax under section 501(c) (3) of the internal revenue code.
Improving the quality of life for individuals living with rare diseases.


ANGEL'S HANDS
FOUNDATION

Angel's Hands Foundation National Family Conference Scholarship Application

Are you a parent or legal guardian of a child with a rare disease? Yes _____ No _____

Are you and adult with a rare disease? Yes _____ No _____

What is the Diagnosis? _____

How rare is the disease or medical conditions? _____

Have you been a registered AHF family for at least one year? Yes _____ No _____

How long has your family been registered with AHF? _____

Have you ever attended a national family conference? Yes _____ No _____

If yes, where, how many, and has AHF given you previous support? _____

How often does your national organization host national conferences? _____

Does your family plan an extended stay beyond the conference dates? Yes _____ No _____

What is your total anticipated cost for your family to attend this conference? \$ _____

What dollar amounts of assistance you are seeking from Angel's Hands Foundation? \$ _____

Registration \$ _____ Travel \$ _____ Hotel \$ _____

MUST DO OR YOU WILL NOT BE CONSIDERED

*Attach a letter that includes your purpose for attending the conference, conference information, date and timeframe of expected attendance, benefit to your family, and expected outcomes. Also include your active support and participation in AHF events and activities. Requests will be reviewed by AHF committee to determine eligibility and amount of scholarship.