



**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](mailto:mark@angelshands.org)), or mailed to Angel's Hands Foundation.

Angel's Hands Foundation  
5414 Daybreak Pkwy, C-4 #122  
South Jordan, UT 84009

5414 Daybreak Pkwy, C-4 #22, South Jordan, UT 84009 801-520-14512 [www.angelshands.org](http://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.

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