



Scholarship Application

2018 Patient and Family Conference

June 14-17 San Diego, CA

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Applications must be submitted no later than Wednesday, May 23rd. Applications should be sent via email to info@gdatf.org or faxed to 877-643-3123. Scholarships will be awarded based on financial need and medical need, with priority consideration given to patients and to first-time attendees.

Applicants will be notified of the results via phone or e-mail no later than Friday, May 25th.

Your privacy is of the utmost importance. All information provided on this application is strictly confidential and will not be shared with anyone other than office staff and Board Members.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Type of scholarship requested:

Registration Fee Waiver*

Registration Fee and Hotel Waiver**

Registration Fee and Hotel Waiver, plus up to \$500 airline ticket reimbursement***

**Registration includes patient materials, Thursday night reception, breakfast and lunch on Friday, breakfast, lunch, and dinner on Saturday, and breakfast on Sunday.*

***Good for ROOM AND TAX ONLY on Thursday, Friday, and Saturday nights (June 14-16) with checkout on Sunday, June 17th. Parking fees, incidentals, and additional meals NOT included.*

****Good for reimbursement of one round-trip flight from patient's destination to San Diego. Reimbursement to be paid via check by June 29th, 2018. Itinerary and receipt required for reimbursement.*

Please explain why you would like to attend the Graves' Disease & Thyroid Foundation's 2018 Patient and Family Conference and what you hope to gain through the experience.

Please describe any additional issues the Committee should consider in awarding a scholarship to you.

How would you use the knowledge gained at the conference to help yourself and other Graves' disease patients and their families?

I, _____, (*print name*) hereby certify that I have need of funds to attend the 2018 Graves' Disease & Thyroid Foundation's Patient and Family Conference. I hereby certify that all statements in this application are true and correct. In addition, I have confirmed my ability to attend this conference with my physician (or minor child's physician, if applicable.) If I am selected for a scholarship but am unable to attend, I will notify the GDATF as quickly as possible in order to allow another attendee to use my scholarship.