



**WPNCHF Scholarship Application to attend  
NHF's 71<sup>st</sup> Annual Meeting  
October 3-5, 2019  
Anaheim, CA**

*Please fill out this application and return it to the WPCNHF office  
by mail, e-mail or fax no later than **May 10, 2019**. Late applications will not be considered.*

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How are you related to the person affected with a bleeding disorder?

Self \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other (explain) \_\_\_\_\_

Name and age of affected person, if not self: \_\_\_\_\_

Type and severity of bleeding disorder: \_\_\_\_\_

Family members who would attend this conference: \_\_\_\_\_  
\_\_\_\_\_

Please read and sign the following:

1. I have read the WPCNHF Scholarship Guidelines and understand the way grants are awarded and that if I win, I will be responsible for any cost NOT LISTED in the grant guidelines as being covered.
2. I agree to volunteer for at least one WPCNHF event in the next year, if I am awarded this grant.
3. I agree to write a short article describing my experience for the WPCNHF Hemogram newsletter, if I am awarded this grant.
4. I understand that if I am awarded the grant, I will be required to give WPCNHF a credit card number to keep on file until the conference is over. If I no-show, cancel or fail to attend conference sessions without a legitimate excuse, I will be responsible for any non-refundable expenses incurred by WPCNHF.

Signature \_\_\_\_\_

Print your name \_\_\_\_\_ Date \_\_\_\_\_

***Please answer the following questions.***

***Your application will be disqualified if you do not answer all questions.***

***Please answer the following questions in the space provided.***

***You are welcome to attach more pages if you need additional space to write.***

Have you ever attended an NHF Annual Meeting? \_\_\_\_\_

If yes, when? \_\_\_\_\_

What, if any, Chapter events have you attended or participated in during the past 2 years? \_\_\_\_\_

Explain what type of bleeding disorder you/your family are affected by, how it has impacted your life/lives, and what you hope to gain by attending the NHF Annual Meeting.

---

---

---

---

---

---

---

---