

## SCHOLARSHIP APPLICATION AND GUIDELINES

2024 National Scleroderma Conference, Bellevue, Washington – July 19-21, 2024

### APPLICATION SUBMISSION

**Application Deadline: Wednesday, March 20, 2024– 5:00 p.m. EST**

**Late or incomplete applications will not be considered.** Completed applications along with the required financial documentation must be received by the National Office by 5 p.m. Eastern on Wednesday, March 20, 2024

Please submit applications via email to: [scholarships@scleroderma.org](mailto:scholarships@scleroderma.org)

Please submit scholarship application and financial forms as separate attachments.

If necessary, paper applications can be mailed to:

National Scleroderma Foundation  
Attention: Scholarship Committee  
300 Rosewood Drive, Suite 105  
Danvers, MA 01923

If you do not receive an email confirming receipt of your application within five (5) business days of submitting it, please contact [scholarships@scleroderma.org](mailto:scholarships@scleroderma.org).

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### SCHOLARSHIP ELIGIBILITY

**Previous conference scholarship award recipients are ineligible to apply until three (3) years** after the year of the initial award, i.e., if you attended the 2023 conference with an in-person scholarship, you cannot apply again until the 2026 conference.

**Scholarships are only available to the following individuals:** adults living with scleroderma, children living with scleroderma, and parent/guardian of minor children living with scleroderma.

**Financial Need:** Applicants must meet the financial assistance requirements listed below.

**Only one scholarship application will be accepted per family.** Funds can only be used for one member of the family unless the application is for a minor child with scleroderma who must be accompanied by a parent and/or guardian. The scholarship would then be given to the minor child living with scleroderma and ONE parent and/or guardian.



### APPLICATION CONSIDERATIONS

- ▶ Financial need.
- ▶ Priority is given to applicants attending their first National Scleroderma Foundation Conference.
- ▶ Consideration is given to applicants actively involved in National Scleroderma Foundation activities.
- ▶ Thoroughness and thoughtfulness of answers to application questions.

### FINANCIAL NEED: HOUSEHOLD INCOME

Total household income must fall on or under the following guidelines:

*\*This table reflects dollar amounts that are 300% above the Federal Poverty Guidelines*

Household Size	Maximum Total Income Level
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
each additional person, add	\$15,420

Applicants are given an opportunity to state any extenuating factors (i.e., costs of medical treatments) on the application for which they feel the committee should take into consideration.

### FINANCIAL DOCUMENTATION REQUIREMENTS

**Applicants are required to provide the following financial documentation necessary to verify the applicant's total household income:** *-Applications will not be considered without the documentation.*



- Most recent IRS Federal Tax Return(s) and/or a copy of most recent SSDI Annual Income Statement
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- Other household family members' most recent IRS Federal Tax Return(s) and/or SSDI Annual Income Statement
  - *If married and filing separately, you must submit the tax return summaries for BOTH applicant and spouse.*
  - *If there are adults in your household other than a spouse who receives income, you must also provide their tax return and/or SSDI forms (summary page only). These documents must equal the total annual household income amount provided above. If the amounts are not equal, please provide an explanation.*
  - *Social Security numbers and dates of birth may be blocked out/redacted before submitting (redacted = XXXXXXXXXX).*

### **SCHOLARSHIP AWARD GUIDELINES**

The number of scholarships awarded will depend on the availability of donations received to the scholarship fund and the number of qualified applications received. Award decisions made by the Scholarship Committee are final.

### **Full scholarship awards include the following:**

- **Travel:** Airfare (or mileage reimbursement if driving) to the conference  
*\*Flights **must** be booked through the National Scleroderma Foundation's travel agency*
- **Hotel Stay:** Two (2) nights only for Friday, July 19 and Saturday, July 20 at the Hyatt Regency Bellevue Hotel  
*\*To be booked by the National Scleroderma Foundation*
- **Conference Registration**

### **SCHOLARSHIP AWARD NOTIFICATIONS**

Notice of scholarship status will be sent to all applicants **via email in mid-April**. Please be sure to include a valid email address on the application form.



### Scholarship Application

2024 National Scleroderma Conference – Bellevue, WA July 19-21, 2024

**Application Deadline:–March 20, 2024**  
**Incomplete or late applications will not be considered.**

*The National Scleroderma Foundation respects your privacy. All information provided on this application is strictly CONFIDENTIAL and will not be shared with anyone other than the Scholarship Review Committee.*

**APPLICANT INFORMATION** *If completing by hand, please print legibly.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you a person living with scleroderma?  YES  NO

If yes, please check type:  Localized form  Systemic Form

Are you a juvenile? (5-17 years of age):  YES

Are you a parent/guardian of a child living with scleroderma?  YES  NO

### HOUSEHOLD INCOME

I, \_\_\_\_\_ (*first and last name*), hereby certify that I require financial assistance to attend the 2024 National Scleroderma Conference. My **total annual household income** is approximately \$\_\_\_\_\_ and the total number of people living in my household who depend on this income (including myself) is \_\_\_\_\_ people (#\_\_\_\_ children; #\_\_\_\_ adults).



### FINANCIAL DOCUMENTATION REQUIREMENTS

**I have included the following required financial documentation:**

- Most recent IRS Federal Tax Return(s) and/or a copy of my most recent SSDI Annual Income Statement
- Spouse/Partner's recent IRS Federal Tax Return(s) and/or SSDI Annual Income Statement
- Other household family members' most recent IRS Federal Tax Return(s) and/or SSDI Annual Income Statement
  - *If married and filing separately, you must submit the tax return summaries for BOTH applicant and spouse.*
  - *If there are adults in your household other than a spouse who receives income, you must also provide their tax return and/or SSDI forms (summary page only). These documents must equal the total annual household income amount provided above. If the amounts are not equal, please provide an explanation.*
  - *Social Security numbers and dates of birth may be blocked out/redacted before submitting (redacted = XXXXXXXXXX).*

### LEVEL OF SCHOLARSHIP ASSISTANCE REQUESTED

I request the following level of assistance:

- Full Scholarship: Travel, Hotel, and Conference Registration
- Partial Scholarship: Hotel and registration ONLY
- Conference Registration ONLY

The scholarship assistance I am requesting is for:

- Myself – adult living with scleroderma
- Child living with scleroderma (Under 18 years of age)
- Myself as a parent of a minor child living with scleroderma
- (1) Parent/Guardian AND minor child living with scleroderma

If you selected Full Scholarship above, please indicate how you would be traveling to the conference:

- DRIVING or  FLYING



## APPLICANT QUESTIONS

*Please be thorough and thoughtful in your answers as they are used in determining your application score. If completing by hand, please be sure your answers are legible. You may use a separate sheet of paper if necessary.*

1. Have you ever attended a National Scleroderma Foundation conference before?  
 NO  YES

If YES, please list years attended: \_\_\_\_\_

2. Have you ever received a scholarship to attend the National Scleroderma Foundation conference?  NO  YES

If YES, please list years you were awarded a scholarship: \_\_\_\_\_

3. Please explain what you hope to gain from attending the 2024 National Scleroderma Conference, and the impact being able to attend the conference will have on your diagnosis.

4. How have you been involved with the National Scleroderma Foundation (i.e., support group, local chapter, fundraising, educational events, advocacy efforts, national conference, etc.)?





### **APPLICANT QUESTIONS CONTINUED**

5. Conference scholarships are awarded to those with financial need and applicants must meet the income guidelines listed on the scholarship application. Please explain any extenuating circumstances that the Scholarship Committee should consider when looking at your income eligibility.

6. Please feel free to include any additional information you would like the Scholarship Committee to consider while reviewing your application for a conference scholarship award.





## CONFIRMATION AND SIGNATURE

I affirm that the documentation provided completely and accurately reflects my household income as of the date signed. In addition, I have confirmed with my physician (or minor child's physician) my ability to attend the conference. By signing below, I affirm that the information and statements provided in this application are true.

Printed Name of Applicant: \_\_\_\_\_

Applicant Signature \_\_\_\_\_  
*(If completing fillable field form, name entered electronically)*

Date \_\_\_\_\_

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**All applicants will be notified of their status in mid-April via email.**

The number of scholarships awarded is dependent on funds raised for this purpose. We regret that we may not be able to support all qualified requests.

