

2024 Connect Scholarship Application

The FSHD Society is offering a limited number of scholarships to cover the cost of registration and 2 nights' hotel accommodation (for those attending in-person).

Scholarships are limited to (2) per family. Separate applications are required for each scholarship requested.

Virtually

To apply, please fill out this form and submit it no later than **April 5**, by email to: fshdmeetings@fshdsociety.org. Applicants will be notified by April 15.

In-person

I wish to attend the meeting:

	-		
Name:			
Address:			
Phone:		E-mail:	
Check all th	at apply:		
I am a:	Person with FSHD	Family Member	Caregiver
Why are you	u applying for this schola	rship?	



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What do you hope to get out of attending 2024 Patient Connect? How do you	hope to
use the knowledge gained to help you, your family, or your community?	

Are you currently involved in the FSHD Society's activities? How? (E.g. You have	_
attended local events or member meetings, you have volunteered or fundraised for t	he
Society, etc.) If the answer is yes, please list a fellow volunteer or local organizer wh	0
knows you and their phone number or e-mail.	

Reference's name:
Reference's email/phone:
Will you be bringing a minor under 18 years old to the Conference? Yes No
Have you previously attended an FSHD Society patient networking conference?

No Yes, year(s):

Is there anything else you would like us to know?