



## NHF NEBRASKA CHAPTER ANNUAL MEETING INDIVIDUAL/FAMILY GRANT APPLICATION

**DUE APRIL 1<sup>ST</sup>, 2020!!**

*Completion of this application will automatically register you with the Nebraska Chapter of the National Hemophilia Foundation and place you on the mailing list. If you do not wish to be placed on the mailing list, please initial here: \_\_\_\_\_*

**Complete the following information in a different font or color if filling out electronically. Sign, scan, and email or send via postal mail.**

### **BASIC INFORMATION**

**Primary Applicant's First and Last Name:** (Parent's names in case of a minor.)

\_\_\_\_\_

**Address** (Street, City, State, and Zip):

\_\_\_\_\_

\_\_\_\_\_

**Phone number(s)** (where you can be reached for follow up questions): \_\_\_\_\_

**Primary applicant is a: (select all that apply)**

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

**Type of bleeding disorder:** \_\_\_\_\_

**Total number requesting to attend the Annual Conference including the primary applicant:** \_\_\_\_\_

**ASSISTANCE DETAILS**

Please list others requesting to attend (if applicable)

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First Name	Last Name	Age
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First Name	Last Name	Age
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First Name	Last Name	Age
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First Name	Last Name	Age
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First Name	Last Name	Age
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Have you **ever** received a grant from the **Nebraska Chapter – NHF** to attend an NHF Annual Meeting Conference?

- Yes            In what year \_\_\_\_\_
- No

Are you a Nebraska Chapter – NHF Advisory Board Member?

- Yes
- No

**Select the Annual Meeting assistance you are requesting from the Nebraska Chapter.**

(Select all that apply)

- Annual Meeting Registration (Number \_\_\_\_\_)
- Annual Meeting Child Care Registration (Number \_\_\_\_\_)
- Airfare (Number \_\_\_\_\_)
- Lodging (Total Number of Adults and Children \_\_\_\_\_)
- Meal Assistance
- Ground Transportation

**Describe how attending the NHF Annual Meeting will benefit you/your family:**

*Include as much detail as possible.*

**Describe how you will use information gained at the NHF Annual Meeting to benefit the bleeding disorder community in Nebraska:**

*This is not required, but is recommended.*

**Please list any additional financial assistance requested to attend the NHF Annual Meeting and outcomes of each request:**

*This is not required, but is recommended.*

**Have you applied for financial assistance from NHF Nebraska Chapter in the past 12 months? If so, please provide the date and amount of assistance received.**

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NHF Nebraska Chapter cannot provide funding directly to individuals, but if approved, NHF Nebraska Chapter will pay the vendor(s) directly.

I, \_\_\_\_\_, certify that the information I have submitted is true and accurate to the best of my knowledge. In the event that there is change to the information I have provided on this application, I will notify the Nebraska Chapter of the National Hemophilia Foundation within 15 days.

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Please submit via email to Maureen Grace, Executive Director at [mgrace@hemophilia.org](mailto:mgrace@hemophilia.org) OR via mail to:

National Hemophilia Foundation, Nebraska Chapter  
8031 W. Center Road, Suite 304  
Omaha, NE 68124

**DO NOT WRITE BELOW THIS LINE**

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**To be completed by NHF Nebraska Chapter Representative Only**

**Request approved by:** \_\_\_\_\_

**Amount approved:** \_\_\_\_\_

**Check number:** \_\_\_\_\_ (attach copies of credit card payment receipts)

**Date fund assistance mailed/paid:** \_\_\_\_\_

**Sent by:** \_\_\_\_\_