



The BDASC Joe Caronna Memorial & National Meetings Travel Grants Application Form

What is Eligible for reimbursement?

- Annual Meeting hotel room costs for three nights only during the meeting. (extended stays must be covered by the applicant)
- Travel grants, (flights, train, cars) up to \$350.00 to attend the meeting
- The conference registration fee for meeting attendance
- The Total maximum allowed cannot exceed \$1,500.00

Who is eligible?

- Must be an active registered member of BDASC
- Must have a confirmed diagnosed bleeding disorder, or be a parent of a child with a bleeding disorder
- Must be available to travel and attend all conference meetings and sessions
- Must fill out in full the application form and provide the essay required

Completed forms must be returned at least two months prior to the meeting (s) date. Please note that all forms must be completed in their entirety and received on time with no exceptions to be considered. Applications completed by anyone other than the applicant will not be accepted. The recipient of the awards will be *notified as soon as possible so all reservation and registrations can be made in a timely manner.*

For additional questions, please contact the Chapter at 864-350-9941.

Send application my mail, email, or fax to:

Bleeding Disorders Association of South Carolina
Attn: National Meeting Travel Application
Bleeding Disorders Association of South Carolina
25 Woods Lake Road, Suite 300
Greenville, Sc 29607

E-mail: Info@bda-sc.org

Fax: 864.236.8663

www.bda-sc.org

APPLICATION FORM – PLEASE FILL OUT ALL QUESTIONS

Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

E-Mail Address _____

Phone # where you may be reached _____

Year of Birth _____

Occupation _____

Type of bleeding disorder _____

(Mild____) (Moderate____) (Severe____) **Do you have an inhibitor? Yes____No____**

Where do you seek medical care for your bleeding disorder?
(HTC, etc.) _____

Who is your bleeding disorders healthcare provider (doctor) _____

If you receive the scholarship award, will you be attending alone or accompanied by another?

Alone____With Another Individual____

If Another Individual, please provide relationship: _____

Are you involved with the Bleeding Disorders Association of South Carolina?____Yes____No

Explain how you have been active at Bleeding Disorders Association of South Carolina?

What do you want to achieve if chosen to attend a National Educational Conference Meeting?

Please sign and return this application to the Chapter. Good Luck!

Name: _____

Date: _____

For Chapter Information Below

Reviewed by _____

Date Application was Received _____

Awarded _____ **Not Awarded** _____