



## HUNTINGTON'S DISEASE FAMILY DAY SCHOLARSHIP APPLICATION

On Saturday, November 5, 2016, the Huntington's Disease Society of America (HDSA) Tennessee Affiliate, Huntington Study Group (HSG)\*, and HDSA Center of Excellence at Vanderbilt Medical Center will host an HD Family Day for HD families and community members at the Opryland Hotel and Resort Center in Nashville, Tennessee. Attendance at the meeting and Family Day is **free** for HD families and community members. Please register at [www.hdsa.org/tnedu](http://www.hdsa.org/tnedu).

The HD Family Day will begin with the HSG HD Clinical Research Symposium. The research symposium will be followed by the HDSA Community Education Day which includes interactive workshops and breakouts designed specifically for HD families and community members. The HDSA Community Education Day will benefit everyone affected by HD - people currently living with HD, caregivers, family members, and adults and young people who are at risk.

With the generous support of Blue Cross Blue Shield Tennessee Health Foundation, the HDSA Tennessee Affiliate is offering scholarships to assist HD families with the travel and lodging costs to attend the November 5 HD Family Day. Limited funds will also be available to help with the costs of respite care (someone to stay with and care for the HD family member in the family home to enable other family members to attend the HD Family Day).

The scholarships will provide:

- reimbursement for gas based on the mileage from the scholarship recipient's home to the Opryland Hotel area
- lodging for one or two nights (depending on the distance the family must travel) at The Inn at Opryland
- parking for those who are not staying at the hotel
- payment to a respite caregiver, if needed.

To apply for a scholarship, please complete this application and mail it to HDSA-Tennessee Affiliate, P.O. Box 62, Brentwood, Tennessee 37027, or email a scanned copy to [hdsa-tn@hotmail.com](mailto:hdsa-tn@hotmail.com) by **Tuesday, September 6, 2016** (extended from the prior due date of Monday, August 29, 2016). If you prefer, you can complete the application online at <https://www.surveymonkey.com/r/BLMKLHB>. Mailed applications must be postmarked no later than **Tuesday, September 6, 2016**. Emailed applications must be emailed no later than midnight (Central Daylight Time) on **Tuesday, September 6, 2016**.



All information provided on this application will be kept confidential. The information you provide in Questions 7 and 8 will be used to inform health care providers about a continuing medical education program about Huntington's disease, CME4HD, which will be offered on Friday, November 4. We will not identify you or your family when we send that information to your healthcare providers.

You will be notified no later than Monday, September 26, 2016, whether or not you have received a scholarship.

If you have questions, please email them to [hdsa-tn@hotmail.com](mailto:hdsa-tn@hotmail.com).

\*The Huntington Study Group is an international organization of medical professionals, clinical researchers, families, and Huntington's disease advocacy groups dedicated to developing innovative HD treatments. The group will hold its 2016 annual meeting in Nashville from Thursday, November 3, through Saturday, November 5.

### 1. Applicant Contact Information

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

**If different, mailing address (include Apt. or Suite No.)**

\_\_\_\_\_

\_\_\_\_\_

**2. How many family members will travel with you to the HD Family Day, hosted by HDSA, HSG, and Vanderbilt Medical Center?**

**3. What types of assistance do you need to attend the HD Family Day, hosted by HDSA, HSG, and Vanderbilt Medical Center? (Mark all that apply.)**

\_\_\_\_\_ **Lodging (hotel room)**

\_\_\_\_\_ **Money for gas to drive to the meeting**

\_\_\_\_\_ **Respite care in your home for a family member who is not able to attend the**

meeting

4. If you need a hotel room, do you prefer an interior room (opening to an atrium inside the hotel) or an exterior room (opening to the outside of the hotel)? Please note that there may not be any interior rooms available.

Interior  Exterior  Do not care

5. Respite care cost, if applicable. If you require respite care, you will be responsible for locating the respite caregiver. The caregiver will be required to submit an invoice (a written request for payment) after November 5 and before November 21. If possible, we request that you locate the caregiver you intend to use prior to submitting this application, determine how much that caregiver will charge, and provide the amount. We will not be able to increase the amount of scholarship after the scholarship is awarded so it is best to determine the cost of respite care before you submit this application, if possible.

If you require respite care, please state the cost. \$ \_\_\_\_\_

**6. Why do you want to attend the HD Family Day, hosted by HDSA, HSG, and Vanderbilt Medical Center, and how would a scholarship benefit you and your family? (Use additional sheets of paper if necessary.)**

**7. If you would like your primary care physician to receive information about CME4HD (the continuing medical education day for healthcare professionals) and the HDSA Community Education Day, please provide your primary care physician's name and as much of his or her address as you can.**

**Physician Name** \_\_\_\_\_

**Practice Name** \_\_\_\_\_

**Street Address and Suite No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**8. If you would like other health care professionals to receive information about CME4HD (the continuing medical education day for health care professionals) and the HDSA Community Education Day, please provide the names and addresses (as much as you can provide) of other professionals you use for healthcare (neurologists and other doctors, dentists, physical therapists, speech therapists, counselors, home health care, nursing homes, care network, etc.)**

**By my typed name or signature below, I confirm that I understand all points enclosed and I accept full responsibility for my safety and care and that of my family members traveling with me in the event I am awarded an HD Family Day Scholarship.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_