



Dorothy J. Fairman Memorial Travel Scholarship

For the 2016 HNF Patient-Centered Charcot-Marie-Tooth Summit

We have a limited number of travel scholarships of up to \$1000 USD for our upcoming 2016 Patient Summit.

Eligibility requirements: You must be a Patient/Caregiver of CMT/IN patient in attendance at the Summit on October 6, 2016. A check for reimbursement of travel expenses up to \$1000 USD will be issued on that day (subject to completed expense form/receipts).

Deadline for application: July 30, 2016

2016 Travel Scholarship Request Form

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Are you a

Patient Caregiver

What type of CMT/IN do you or a family member have?

Have you registered for our 2016 Patient-Centered CMT Summit? cmtsummit.org

Yes Not yet

Travel Method

Plane Train Car (Mileage _____)

Your CMT/IN Experience

Please share about yourself and your experience in the CMT/IN disease community.



Your CMT/IN Experience (continued)

How have you supported HNF in the past and/or how do you plan to support them in the future?

What do you see as the primary value that you will derive from this conference that is of importance to you personally?

Briefly describe how you, as a patient/caregiver, currently communicate your CMT/IN-related symptoms/needs to your medical team and how you perceive they respond.

Briefly describe why you are interested in participating in this Patient-Centered Summit? Include how you plan to use the information and skills obtained in your day to day life; how participating in these sessions will benefit your family; and how you plan to disseminate what you learn in the sessions back to your patient community, medical providers and elsewhere.

Yes, I agree to participate in the full-day Summit in New York City on October 6th, 2016.

I understand by submitting this information that this is not a guarantee of a travel stipend. I will be notified by August 10, 2016, of the status of this request. _____ Please initial

Please submit this application via email to: cmtsummit@hnf-cure.org

Questions email: joyaldrich@hnf-cure.org