

Scholarship Application

Email a saved copy of this completed form to Cyndy Besselievre: cbesselievre@scleroderma.org
or Mary Beth Bobik Kadylak: mbbkadylak@sclerodermatristate.org

You may also print this form and mail it to

Cyndy Besselievre, Executive Director

Scleroderma Foundation Rocky Mountain Chapter, 2280 S. Albion Street, Denver, CO 80222

Application Deadline: September 14, 2018



Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ email _____

1. How many members of your family plan to attend **KGS2!**? _____
2. What is the age of your child with scleroderma? _____
3. Please estimate your travel expenses to/from Aurora, CO (including hotel, airfare, ground transportation to/from airport, airport parking, mileage if driving your own car). \$ _____
4. How much are you requesting in the form of a scholarship? (If you're able to pay some expenses yourself, please subtract that amount from the amount in Question 3) \$ _____
5. **Parent(s)** please tell us how having a child with scleroderma has impacted your family and what the opportunity to attend **KGS2!** means to you. _____

6. **As a child with scleroderma** tell us how it has impacted your life and what having the opportunity to attend **KGS2!** means to you

Signature: _____ Date: _____