

**BSONE Phoenix World Burn Congress
Scholarship Application (PWBC) 2018**

September 12-15 2018

All fields must be completed

(please type/write or check your answers as appropriate)

COMPLETED FORM MUST BE RECEIVED NO LATER THAN APRIL 16TH

NO EXCEPTIONS



**Burn Survivors of
New England**

Hope, Courage, Community, Acceptance

Primary Applicant Name (as appears on I.D.): _____

Burn Date: _____ Are you still going through reconstructive surgery? Yes No

Please Circle Your Affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please check preferred form of communication:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Applicant Name (1) (as appears on I.D.): _____

Please Circle Your Affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please check preferred form of communication:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(Additional applicants, please see page 2)

Tell us about you, BSONE, and PWBC

Annual Household Income (inclusive of all household members) \$ _____

Have you ever attended PWBC? Yes No If so, what year(s)? _____

Did you receive financial assistance from BSONE to attend? (check one):

Full Scholarship I contributed \$ amnt: \$ _____ No

Please list all circumstances contributing to need for financial assistance for scholarship:

Are you receiving/raising money for finances to attend this year's PWBC from sources other than BSONE? Yes Source: _____ No

How much can you contribute this year toward your PWBC experience? \$ _____

Tell us about your participation in BSONE Activities over the past year

(check all that apply)

- Peer Support Visits (in-patient)
- Peer Support Group Attendance
- Annual Walk
- Annual Dinner Dance
- Fundraising outside of events
- Project/Event Volunteer

Other: _____

Tell us about your Travel/Caregiver Requirements

What is the closest airport for you to fly out of? _____

Have you flown before? Yes No Have you flown on your own before? Yes No

Can you arrange your own transportation from your home to the airport? Yes No

If no, what method of transportation is available for you to get to the airport? (e.g. bus; arrange transportation with another PWBC attendee; shuttle service):

_____ Cost \$ _____

Do you require a Personal Care Attendant for your daily needs? Yes No

Are there additional medical conditions that we need to know about? Yes No (if yes, please describe on the back of 2nd sheet)

Do you require special airport services (e.g. luggage handling, wheelchair, translator)? Yes

Please explain: _____

When your scholarship request is approved, you will be required to sign a contract for your commitment to travel to Grand Rapids, Michigan and send back signed along with a deposit of \$50.00 per person. This money will be refunded to you at PWBC for your use for meals that are not provided by PWBC or the BSONE hospitality suite.

Please sign to certify:

I, _____ certify that I have read, understand and agree to BSONE’s Scholarship Recipient Guidelines and Expectations and that the information I provided on this application is accurate.

Signature: Applicant 1 _____

Applicant 2 _____

Date: _____

Please mail or email completed, signed form to:

Diana Tenney

dianatenney@comcast.net

114 Butler St, New Bedford, MA 02744

Additional Applicant (2): _____

Please Circle Your Affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please check preferred form of communication:

Street Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If you are applying for more than 3 scholarships, please copy this block of information and include on separate page.