

## **Cure HHT Conference Scholarship Application**

Cure HHT will be offering a limited number of scholarships to aid families who may not otherwise be able to attend this year's conference. Scholarship awards include conference registration fees only. Scholarships will be awarded on a financial need basis. Conference scholarships are not cash awards and no money or funds are exchanged. All information provided will be held strictly confidential.

APPLICANT INFORMATION	
Mı	r. / Mrs. / Ms. / Dr
Str	reet Address
Cit	ty, State, Postal Code, Country
Ph	none Email
sc	CHOLARSHIP REQUEST
Bri	riefly describe your need for scholarship.
RE	EGISTRATION FEES
	I am requesting scholarship for myself only
	I am requesting scholarship for multiple people. Please provide names of those you are applying for:
	I am able to pay for a portion of my registration fees. I can contribute \$
CC	ONSENT
fur ho far Na	understand that by submitting this scholarship application I/my family will be fairly considered for scholarship nding. Further, by submitting this application I understand that I/my family will incur additional expenses for otel and transportation which are my/my family's responsibility. By submitting this scholarship application, I/my mily understand that I/we are declaring that we will accept the scholarship award and we must attend the entire ational Patient and Physician Conference to be held on April 6-7, 2024, in King of Prussia, PA. Finally, I agree to otify Cure HHT by March 15, 2024, if I am unable to attend the conference.
	Signature of Applicant Date

You must book your hotel room separately by going to <a href="https://hhtconference.org/hotel-information-faqs/">https://hhtconference.org/hotel-information-faqs/</a>