



APPLICATION FOR WASHINGTON DAYS PARTICIPATION & TRAVEL SCHOLARSHIP

February 26-28, 2020 – Washington DC

DUE DECEMBER 15, 2019

Please read the following information to understand the goals and process for Idaho representatives attending Washington Days

- Our goal is to have up to six individuals from across the State.
- The Chapter is offering:
 - 2 full scholarships to individuals to attend: Scholarship covers the cost of flights, ground transportation, hotel, and some meals.
 - Four partial scholarships for individuals to attend. Scholarships offered up to \$600 per individual.
- Selected individuals will be notified by December 20th.
- All individuals seeking to participate in the Washington Days must submit a form so that we can start the process of scheduling appointments with their representatives.

Selection Criteria: Individuals will be prioritized for participation based on:

- Participation in advocacy training held throughout the year in 2019
- Advocacy story that highlights issues included in talking points
- Constituents of targeted elected representatives (Live in the district of a key decision-maker)

Commitment: Please initial each line to indicate you understand that by applying, you commit to fully participate in all activities:

Attending the Advocacy Training held on Tuesday, January 7th 21st, February 4th, 18th 6 pm – 8 pm
(Teleconferencing Available.)

Viewing the Washington Days Webinar

Attending all Washington Days Trainings and Sessions starting in the afternoon Wednesday,
February 26 – midday Friday, February 28th.

Attending scheduled meetings at Legislature on Thursday, February 27th.

Sharing “your story” and prepared talking points only

I understand that once I accept the travel scholarship, financial commitments will be made on my behalf. If I have to cancel or do not participate, I may be required to refund the Chapter the full amount of any non-recoverable expense.



Please complete the following information to express your interest in attending the ID State Advocacy Day.

Complete information is required to book flights, hotel rooms, and schedule meetings with your representatives.

BASIC INFORMATION

Attendee 1:

Name on Idaho ID: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____ Email: _____

Phone: _____ Cell Phone: _____

Attendee is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: _____

Attendee is requesting travel assistance:

- Full Scholarship: Please check all expenses you are requesting be covered by the scholarship:
 - o _____ Flight
 - o _____ Hotel: Please note if sharing a hotel room with another attendee: _____
 - o _____ Ground Transportation
- Partial Scholarship: Please check the expenses you would like to apply for the \$600 scholarship:
 - o _____ Flight
 - o _____ Hotel: Please note if sharing a hotel room with another attendee: _____
 - o _____ Ground Transportation

Attendee 2:

Name on Idaho ID: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____ Email: _____

Phone: _____ Cell Phone: _____



Attendee is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: _____

Attendee is requesting travel assistance:

- Full Scholarship: Please check all expenses you are requesting be covered by the scholarship:
 - o ____ Flight
 - o ____ Hotel: Please note if sharing a hotel room with another attendee: _____
 - o ____ Ground Transportation
- Partial Scholarship: Please check the expenses you would like to apply for the \$600 scholarship:
 - o ____ Flight
 - o ____ Hotel: Please note if sharing a hotel room with another attendee: _____
 - o ____ Ground Transportation

If you have more than 2 individuals in your family that are interested in attending the NV Advocacy Day, please complete an additional application.

Please share any challenges you or your family has faced with accessing care or medications:

Please share issues you are concerned about accessing care or medications:

I, _____, certify that the information I have submitted is true and accurate to the best of my knowledge. In the event, there is change to the information I have provided on this application, and I will notify the Idaho Chapter of the National Hemophilia Foundation within 15 days.

Signature: _____ **Date:** _____