

THE 2012 INTERNATIONAL MITOCHONDRIAL DISEASE SYMPOSIUM  
*SCHOLARSHIP APPLICATION – FAMILY SESSIONS*

June 14-16, 2012

Bethesda, MD

**Please type or print:** Each person requesting a scholarship must complete an application.

NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Email \_\_\_\_\_

Participant's birthdate \_\_\_\_\_

Will you be traveling with a companion due to physical limitations? Yes \_\_\_\_\_\* No \_\_\_\_\_

**Estimated costs:**

\_\_\_\_\_ Registration fees: \$225 Individual

\_\_\_\_\_ Airfare / transportation. My closest airport is: \_\_\_\_\_

\_\_\_\_\_ Bethesda North Marriott @ \$174.02 (taxes included) per night x \_\_\_\_\_ nights.

\_\_\_\_\_ Car / gas / tolls (if driving)

\_\_\_\_\_ \*Other expenses - please explain: \_\_\_\_\_

\_\_\_\_\_ Total cost estimate

\_\_\_\_\_ Total amount of Scholarship Request

*\*\*\*Scholarship checks will be distributed upon arrival at symposium\*\*\**

**All scholarship requests will be awarded based on availability of funds and may not cover the entire amount requested to ensure all requests are given equal consideration.**

**Please answer the following questions on a separate sheet of paper:**

- Have you approached other organizations for support to help defray the cost of attending symposium? Explain.
- Have you attempted to raise any money yourself toward your expenses? Explain.
- Have you previously been awarded any funds by the UMDF? If yes, when?
- Please provide a brief explanation of your financial situation; include any information that you feel is relevant including any volunteer involvement you have with UMDF and any extraneous expenses you will incur by attending.

***Submit this application AND your symposium registration form by April 15, 2012:***

*The United Mitochondrial Disease Foundation  
8085 Saltsburg Road, Suite 201  
Pittsburgh, PA 15239  
Phone: 888-317-8633 / Fax: 412-793-6477*