

APPLICATION FOR A GRANT TO TRAVEL TO THE ATTEND THE FRIEDRIECH'S ATAXIA SYMPOSIUM NOVEMBER 14, 2009

http://www.chop.edu/cme/2009/fa/pdf/fa-std09.pdf

Is this application for you or someone you affected by Friedreich's Ataxia?

First Name:	Last Name:
Address:	
Address:	
Telephone:	
relephone.	
Email:	
Do you require an aid or travel companion?	
Annual Income:	
Please provide a letter from a board certified physician stating diagnosis of Friedreich's Ataxia	
or a copy of genetic test results.	
Personal Statement (Attach additional pages)	
Please tell us why you want to attend the symposium and how it will benefit you?	
Signature of Applicant	Date:

Please return completed applications to:

The FA Project 5 Slayton Road Melrose, MA 02176

or

maria@thefaproject.org

The FA Project thanks you for your application. Your application will be reviewed and you will be notified upon approval. The travel grant will help pay for **coach airfare** and lodging up to \$750 per applicant. No more than one travel grant will be awarded per applicant. Those receiving the travel grant that do not attend the symposium are required to reimburse the FA Project the entire amount of the travel grant.