

**NHF Nebraska Chapter Washington Days**

**Grant Application**

**Due on or before December 27 , 2019!!**

*Washington Days registration is free for anyone to and can be done* [*here*](https://events.hemophilia.org/ereg/index.php?eventid=384824&categoryid=2889993)*. You are welcome to attend on your own, even if you are not selected for NENHF Travel Assistance. Washington Days will be held February 26-28th, 2020.*

**Complete the following information in a different font or color if filling out electronically. Sign, scan, and email or send via postal mail.**

**Basic Information**

**Primary Applicant’s First and Last Name**: (Parent’s names in case of a minor.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** (Street, City, State, and Zip):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number(s)** (where you can be reached for follow up questions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary applicant 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number requesting to attend Washington Days including the primary applicant**: \_\_\_\_\_\_\_

**Applicant Details**

Please list others requesting to attend (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Age

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First Name Last Name Age

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First Name Last Name Age

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First Name Last Name Age

Have you **ever** received travel assistance from the **Nebraska Chapter – NHF** to attend Washington Days?

* Yes In what year \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Are you a Nebraska Chapter – NHF Advisory Board Member?

* Yes
* No

**Select the Washington Days assistance you are requesting from the Nebraska Chapter.**

(Select all that apply)

* Airfare (Number \_\_\_\_\_\_)
* Lodging (Total Number of Adults and Children\_\_\_\_\_\_)
* Meal Assistance (Most meals are provided in Washington Days Registration)
* Ground Transportation

**Describe how why attending Washington Days is important to you:**

*Include as much detail as possible.*

**Describe how you will be part of our year round advocacy efforts for the bleeding disorder community in Nebraska beyond Washington Days:** (Participation in advocacy efforts is required if selected)

NHF Nebraska Chapter cannot provide funding directly to individuals, but if approved, NHF Nebraska Chapter will pay the vendor(s) directly.

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

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit via email to mgrace@hemophilia.org OR via mail to:

National Hemophilia Foundation, Nebraska Chapter

8031 W. Center Road, Suite 304

Omaha, NE 68124

**DO NOT WRITE BELOW THIS LINE**

**To be completed by NHF Nebraska Chapter Representative Only**

**Request approved by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount approved**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach copies of credit card payment receipts)

**Date fund assistance mailed/paid**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_