

## SCHOLARSHIPS



The **Dr. Virginia Proud Scholarship Fund** was established to honor the memory of Dr. Virginia “Ginny” Proud who graciously dedicated much of her career to individuals with Costello syndrome and their families. This fund is primarily to assist families who are attending the conference for the first time. The scholarship includes registration for up to 2 adults and 2 siblings of the individual with Costello syndrome who are living in the home. There is no registration fee for the individual with Costello syndrome. In extreme circumstances and should funding allow, assistance with other expenses may be considered.



The **Makenzie Belanger Memorial Fund** was established by her parents and funded by family and friends in memory of Makenzie Belanger. Their deep love for their amazing daughter Makenzie created a desire to help other families. Through this scholarship, more families will be able to attend the conference and have firsthand experience of the love and support of the Costello community and an amazing learning and sharing opportunity. Scholarship amounts will be determined after applications are received.



The **Nicholas Spinnell Fund** was established in memory of Nicholas Spinnell by his parents and funded by parents and grandparents. They carry sweet memories of Nicholas and wanted to help other families learn more about Costello syndrome by assisting with the biennial conference and scholarships to help families who may not be able to attend without a little help. They recognize the tremendous value of meeting other families who can share their experiences, supporting research through the conference, and learning from the best researchers, physicians and other professionals who come to the conference. Scholarship amounts will be determined after applications are received.

All completed applications with required attachments should be scanned and emailed to [Scholarship@CostelloSyndromeUSA.org](mailto:Scholarship@CostelloSyndromeUSA.org). If you are unable to scan and email, mail your application with attachments to **Costello Syndrome Family Network, 1702 Tyndall Drive, Panama City, FL 32401 USA**. **Completed applications and attachments must be received no later than 5 pm Eastern Time on May 20, 2019 to be considered.** Recipients of scholarship funds will be notified by email or phone as soon thereafter as possible but no later than May 28, 2019.

# CSFN SCHOLARSHIP APPLICATION

11<sup>TH</sup> International Costello Syndrome Family Conference, Hunt Valley, Maryland

July 31 – August 4, 2019

A limited number of scholarships are available to aid families who may not otherwise be able to attend the 2019 conference. Scholarships are awarded on a financial need basis and priority is given to first-time families. The amounts may vary, and no money or funds are exchanged. **All completed applications must be received at the CSFN office no later than May 20, 2019 by 5pm Eastern Time. Applications received after May 20 may not be considered.** All information provided will be strictly confidential.

I, \_\_\_\_\_ (applicant's name – please print) understand that by submitting this scholarship application that I/my family will be fairly considered for scholarship funding.

Further, by submitting this application I understand that I/my family will incur additional expenses which are my/my family's responsibility.

I/my family understand that by accepting this scholarship, conference attendees are expected to attend all sessions throughout the conference. I must bring someone to watch my children or enroll them in child care as children are not allowed in sessions.

Finally, by submitting this scholarship application, I/my family understand that I/we are declaring that we accept the scholarship award, we will stay only at the Delta Hotels by Marriott Baltimore Hunt Valley in Hunt Valley, Maryland, and we must attend the entire 11<sup>th</sup> International Costello Syndrome Family Conference July 31 – August 4, 2019.

\_\_\_\_\_  
Name of Applicant (Please Print legibly)

\_\_\_\_\_  
Signature of Applicant

I am applying for scholarship funds for the following immediate family members. Please list their first and last names.

Individual with Costello syndrome: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adult 1: \_\_\_\_\_

Adult 2: \_\_\_\_\_

Sibling 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*\*\*\*\*

## APPLICANT INFORMATION

*Please print legibly.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**I am the parent or caregiver** of an individual with Costello Syndrome **Yes No** (circle one)

If Yes, the name of the individual with Costello syndrome is \_\_\_\_\_  
(First and Last Name)

Relationship to the individual with Costello syndrome: \_\_\_\_\_

**Have you previously attended** a CSFN conference? **Yes No** (circle one)

If Yes, please indicate conferences attended: (circle all that apply)

1999 2001 2003 2005 2007 2009 2011 2013 2015 2017

**I have/have not** applied for scholarship funding from CSFN previously

**I have/have not received** scholarship funding from CSFN previously

**I agree to attend all sessions** of the 11<sup>th</sup> International Costello Syndrome Family Conference July 31 – August 4, 2019.

### **Written Response**

Attach to this form your written statement of no more than 250 words. All information above 250 words will not be considered. You may also email your written statement to [Scholarship@CostelloSyndromeUSA.org](mailto:Scholarship@CostelloSyndromeUSA.org).

Your written statement should include:

1. An explanation of the benefits you expect to derive from attending the conference.
2. A description of how the scholarship will lessen the financial burden on you/your family and assist you in attending the 2019 conference. You must be specific about why you need assistance.
3. Include specifically what you need assistance with, i.e., registration, room nights, travel expense, etc., for individuals you listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name