



The Hemophilia Outreach Center: 2020 Nationals Application

Presented and funded by Hemophilia Outreach Center of Wisconsin, Inc.
Recipients chosen by the Great Lakes Hemophilia Foundation (GLHF)

Please be sure to read the criteria and application *carefully*. Return this application to:
Great Lakes Hemophilia Foundation
Attn: Karin Koppen
638 N 18th Suite 108
Milwaukee, Wisconsin 53233
Applications **MUST** be received in Milwaukee by March 13th, 2020.

Those eligible to apply must meet the following criteria:

- Have Hemophilia, von Willebrand Disease (vWD) or other bleeding disorder ***or***
- Be a parent of a minor with Hemophilia, vWD or other bleeding disorder ***and***
- Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago ***and***
- Have never attended a National Hemophilia Foundation (NHF) or Hemophilia Federation of America (HFA) conference in the past ***or***
- Have not attended either NHF or HFA conferences in the last 3 years

All applications will be reviewed by GLHF, but a limited number will be selected based on funding. The selection process is based solely on the information provided in the application. GLHF makes final determination of recipients.

Once recipients are selected, HOC will provide funding for travel and lodging for you and up to 3 immediate family members. The following are "*immediate family*":

- Parent or step parent
- Legal guardian
- Minor child or step child (up to 21 if claimed)
- Sibling or step sibling
- Spouse
- Domestic Partner

The following are expected of you if chosen to participate. Please check the box by each statement if you agree to these expectations.

- Recipients will be required to attend a pre-conference meeting at HOC to make arrangements for travel, lodging and complete conference registration.
- GLHF reserves the right to limit or change the number of recipients and the amount of funding for this program at any time.
- Failure to comply with the expectations of this program will result in denial of future program consideration.
- Do you plan to have your children and/or teens participate in kids or teens programming? (circle yes or no) I understand that if I do not register them before the conference they will not be allowed to participate because arrangements for space and staffing must be made ahead of time.
- Are you interested in attending a preconference track on rare disease, if available? (circle yes or no) I understand that if I'm not registered for it prior to the conference that I will not be able to gain access to it.
- This is an educational event first and foremost. Attendance at multiple classes and programs by all attendees, including children, is expected.
- Attendees may not accept trips, meals, incentives or other solicitations from drug or home care companies outside those offered to all conference participants.
- Hemophilia Outreach Center staff will also be in attendance at conference sessions and will be interacting with attendees as part of the social outreach and educational mission of the Center.
- All participants will be expected to complete an evaluation/survey following the completion of the conference. You may also be expected to provide a written or oral presentation to others regarding your experiences and what you learned at the conference.

Required Essay: On a separate sheet of paper, please answer the applicable questions.

New Attendees:

What has been the impact of living with a bleeding disorder?

How will you or your family benefit from attending this conference?

Would you be willing to share with the bleeding disorder community what you learned at the conference?

Past Attendees:

How has the past attendance at the conference been of benefit to you or your family?

How did you share what you learned with the bleeding disorder community?

What are you looking to gain from attending another conference?

Applicant Information

Name _____

Address _____

County of residence: _____

Telephone # _____ Date of birth _____ Age _____

Marital Status (circle one): Single Married Divorced Separated Widowed

Employer _____

Occupation _____

What bleeding disorder do you and/or your child have?

I'm applying for myself **and** the following immediate family members:

Name	Relationship	Date of Birth	Bleeding Disorder

Are there any financial issues you want the Selection Committee to be aware of or take into consideration with your application?

Have you ever attended an **NHF** conference? (circle one) Yes or No. If yes, list below.
 Have you ever attended an **HFA** conference? (circle one) Yes or No. If yes, list below.

Location	Year	Financial Assistance Received

Please list any current or past volunteer experiences with the bleeding disorder community and/or any other groups.

Organization/Group	Activity	Dates

Release Form

I understand that it may be necessary for my/my child's healthcare provider to verify a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis. I hereby give my permission to contact

_____ (Fill in Physician name or treatment center and telephone number)

Name (Please print): _____

Signature: _____ Date: _____

HOC will promote this educational program. This may be in both general and hemophilia related media including but not limited to publications, newspapers, online services and/or television.

<p>Paragraph #1</p> <p>I, _____ authorize the Hemophilia Outreach Center to utilize any information submitted with this application with regard to any HOC sponsored publicity for the advanced education in bleeding disorders programming. This includes, but is not limited to, my name, where I live, that I have a bleeding disorder or that there is a bleeding disorder in my family and any statements contained in my narrative. I understand I will receive no compensation for use of any of the above information.</p> <p>Printed Name: _____</p> <p>Signature: _____ Date: _____</p>

<p>Paragraph #2</p> <p>I, _____ would prefer the Hemophilia Outreach Center NOT utilize any information provided in my application. I understand that by signing this paragraph it in no way affects my chances of being chosen for this program.</p> <p>Printed Name: _____</p> <p>Signature: _____ Date: _____</p>
