



NTM Info & Research (NTMir) Scholarship Application
2018 Conference, La Jolla, California – May 17, 2017

1. Application Deadline: March 15, 2018

All applications must be COMPLETE and RECEIVED by NTMir no later than 5:00 pm EST, March 15, 2018. **Incomplete or late applications will not be considered.**

Applications should be submitted via email to: susanw@ntminfo.org or paper applications can be mailed (if mailed must be received by March 15 not by postmark) or faxed to: NTMir, 1550 Madruga Avenue, Suite 230, Coral Gables, Florida 33146, Fax (305) 662-8035. For more information call NTMir at (305) 667-6461 x26.

2. Eligibility:

Scholarships are available for adult patients with NTM and related lung diseases and parent/guardian of minor children with NTM and related lung diseases.

- Priority is given to applicants attending their first NTMir Conference.
- Thoughtfulness of answers to application questions.
- Only ONE scholarship application will be accepted per family.

3. The scholarship includes: Two (2) nights at the Estancia La Jolla Hotel & Spa (Wednesday, May 16th & Thursday, May 17th) and conference registration. Breakfast, Lunch, Snacks and conference materials will be provided the day of the conference.

- **Check here if you only require one (1) night hotel stay (Wednesday, May 16th)**

4. Award Guidelines:

- **The number of scholarships awarded will depend on the availability of donations received to the scholarship fund and the number of qualified applications received.**
- Award decisions made by the Scholarship Committee are final.

5. Award Notification:

- Notice of scholarship status will be sent from NTMir VIA EMAIL in early April. Please be sure to include a valid email address on the application form. If you do not have an email, notification will be sent via USPS.

Your privacy is of the utmost importance to NTMir. All information provided on this application is strictly confidential.

Name:

Address:

City/State/Zip:

E-Mail:

Day Telephone #:

My TOTAL FAMILY INCOME is \$_____ANNUALLY and my immediate family dependent upon this income consists of _____ MEMBERS.

Please use a separate sheet of paper, if necessary, to answer the following questions. Please be sure your answers are legible and please be thorough in your answers.

Have you ever attended a NTMir conference before? Yes No Dates(s): _____

Please explain why you would like to attend the conference. What do you hope to gain through the experience?

Would you be able to attend the conference without financial assistance? Yes No

How would you use knowledge gained at the conference to help yourself and other NTM/Bronchiectasis patients and their families?

Availability of conference scholarships is dependent on funds raised for this purpose. We regret that we may not be able to support all worthy requests.

I hereby certify that the above statements are true and are a correct reflection of my income level as of today. In addition, I have confirmed with my physician that I am able to attend this conference.

Applicant Signature & Date

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