



2019 PHTS Symposium Scholarship Request

Name _____ Date _____

Address _____ City/State _____ Zip _____

E-mail _____ Phone _____

Child's/Adult's

Name _____ Birthdate _____ Disorder _____ The PTEN

*Hamartoma Tumor Syndrome Foundation have a limited number of partial scholarships available to assist families in attending our International Symposium in Cleveland, OH. Scholarships will be awarded based on a first come basis and demonstrated financial need. **Please submit the application to Kristin Anthony or Andrea Beilstein at ptensyndromefoundation@gmail.com***

Have you attended a past PHTS Patient Symposium? If so date and location?

_____ Did you receive a scholarship? Yes ___ No ___ Amount \$ _____

What do you hope to gain in attending the 2nd Annual International PHTS Symposium?

What is your total anticipated cost for your family to attend this conference? \$ _____

What dollar amounts of assistance you are seeking from The PHTS Foundation? \$ _____

*Please note with the generosity of our sponsors, The PHTS Foundation will be able to provide partial assistance in travel and hotel. **All scholarships will be done on a reimbursement basis upon the completion of the conference. A maximum of \$500 per family will be awarded and given to you on 4/8/2019.***

**Please sign here to indicate that, if you receive a scholarship to attend the 2019 Symposium, you will commit to active participation, which includes attendance at all keynote and breakout sessions, completion of the program evaluation and proof of travel for the meeting. If you are emailing this document, please write your name in place of your signature.

Signature _____ Date: _____

Kristin Anthony

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