Travel Grant Application Instructions:

INSTRUCTIONS MUST BE FOLLOWED EXACTLY OR APPLICATION WILL BE RETURNED.

WHAT IS A CDG CARE TRAVEL GRANT?
A travel grant may consist of funds and/or travel vouchers (for airfare, hotel, etc.) for CDG-related travel.

WHAT TRAVEL IS COVERED?
There are three types of travel grant requests available:
1) Conference Hotel Voucher Request – which covers up to $100/night for a maximum of 5 nights at a CDG Conference hotel,
2) Full Conference Travel Request – which covers up to $1,000 to assist with the cost of travel/airfare + Conference hotel costs, or
3) Medical Travel Request – which covers up to $1,000 for airfare and/or hotel costs to seek consultation with a CDG specialist. To CDG-related research symposiums, CDG group events, and medical travel.

HOW MANY TRAVEL GRANTS WILL BE AWARDED?
CDG CARE funds travel grants based on availability of funds and/or travel vouchers.

HOW WILL RECIPIENTS BE SELECTED?
Applicants are evaluated on a case-by-case basis as permitted by the availability of travel funds and/or vouchers. Priority will be given to those with greatest financial need, families not previously funded, and/or families who have not participated in the same or similar study/event in the past.

WHO IS ELIGIBLE?
Patients with CDG and their family members.

HOW CAN I APPLY?
Complete the attached application and mail your completed application to the address above or submit the PDF to: info@cdgcare.org. Applications must be submitted to CDG CARE at least SIX WEEKS prior to travel.

Proof of travel is required, and post-travel receipts will be required. Recipients will be expected to submit a short summary report (1 page) describing how they benefited from the event/program/visit.

Travel Grant Applications should be submitted via email to: info@cdgcare.org, or mailed directly to: CDG CARE, P.O. Box 38832, Colorado Springs, CO 80937.

“Our mission is to promote greater awareness and understanding of CDGs, to provide information and support to families affected by CDGs, and to advocate for and fund scientific research to advance the diagnosis and treatment of CDGs.”
Travel Grant Application Form:

Name:_________________________________________ Date:__________________________

Address: __________________________________________________________________________

E-mail address:____________________________________________ Phone: ______________________

Travel dates: (must be at least 6 weeks later) __________________________

Amount requested: (hotel voucher requests are available up to $100/night, maximum of $500; full conference travel and medical travel grants are available up to $1,000 and vary by the distance and travel methods needed to reach the destination.)

____________________________________________________________________________________

Previous funding from CDG CARE? (circle one):  YES   NO

Previous participation in a CDG study/event/conference, national or international? (circle one):

YES   NO

Names of fellow travelers/co-applicants and their relationship:

____________________________________________________________________________________

CDG-related travel category for which applying, see Page 1 for descriptions (circle ONE):

Conference Hotel Voucher Request (max $500)                   Full Conference Travel (max $1,000)

Medical Travel (max $1,000)

Venue Details: ____________________________________________

Sources of matching funding, if any: ________________________________

Household Income (circle one):

<$30,000   $30,001 - $60,000   $60,001 - $100,000   >$100,001

Number of dependents/children in household (circle one):

1   2   3   4   5 or greater

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Description of Request and Statement of Financial Need (attach additional pages as necessary):

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