

Cystic Fibrosis Support Network

Education Grant Application

CFSN offers financial assistance to members of our CF community toward achieving their educational goals. Education grants are available in the amount of \$300 per person per year.

To apply for a **CFSN Education Grant**, complete the following application in full. Limited funding is available and will be provided on a first come, first serve basis. Applications will be reviewed by the Education Committee as they are received. You will be notified by email within 4 weeks on the status of your application.

Applicant's Name:	_____	Date of Birth:	_____
Address:	_____		
City, State, Zip:	_____		
Telephone:	_____		
Email Address:	_____		

Name of Cystic Fibrosis Center:	_____
Name of CF Doctor:	_____
Doctor's Phone Number:	_____

Purpose of Grant: _____

If purpose of grant is for costs associated with tuition, this application must be completed and submitted prior to the end of the class term for which one is applying. The bottom portion of this application must also be completed.

For all other purposes, a detailed explanation must be provided on the back of this form.

School Name:	_____				
School Address:	_____	City:	_____	State:	_____
Name of School Contact Person:	_____	Tel. No.:	_____		
Course Dates:	_____	Total of Submitted Course Receipts:	_____		

• **GRANT APPLICATION MUST INCLUDE VERIFICATION OF TUITION COSTS SUCH AS A COPY OF YOUR ACCOUNT STATEMENT FROM YOUR SCHOOL FOR THE COURSE DATES LISTED ABOVE, AND / OR RECEIPTS FROM BOOK PURCHASES, LAB FEES, ETC.**

• **Is this your first educational grant application?** **YES** **NO**

IF NO, THIS GRANT APPLICATION MUST ALSO INCLUDE A RECORD OF YOUR PASSING GRADES FROM THE SEMESTER FOR WHICH YOUR PREVIOUS GRANT WAS APPROVED TO BE ELIGIBLE FOR ADDITIONAL EDUCATION GRANTS FROM MPDCI.

**CFSN EDUCATION GRANT CONSENT FORM
FOR APPLICANT WHO IS A MINOR**

As part of the effort of the Cystic Fibrosis Support Network of Michigan to provide a chance for individuals with CF to attend various continuing education programs, we may need additional information from your child's CF doctor and/or program director.

I, _____ give permission for a CFSN representative (parent's /guardian's name)	
to contact Dr. _____ to discuss my child, _____. (child's doctor) (name of child)	
Course or program description: _____	
_____ (parent's / guardian's signature)	_____ (date of signature)

I, _____ give permission for a CFSN representative to (parent's / guardian's name)	
contact the educational facilities director, Mr./ Mrs./ Ms. _____ at (name of director)	
_____ to discuss my child, _____'s (name of educational institution) (name of child)	
application, fee schedule, and eligibility.	
_____ (parent's / guardian's name)	_____ (date of signature)

Please return the completed application to:

**Cystic Fibrosis Support Network of Michigan
P.O. Box 790
Troy, MI 48099**

Questions may be directed to
educationgrants@mpdci.org
or call (249) 398-5859

**CFSN EDUCATION GRANT CONSENT FORM
FOR APPLICANT OF ADULT AGE**

As part of the effort of the Cystic Fibrosis Support Network of Michigan to provide a chance for individuals with CF to attend various continuing education programs, we may need additional information from your CF doctor and/or program director.

<p>I, _____ give permission for a CFSN representative (applicant's name)</p> <p>to contact Dr. _____ to discuss the status of my health. (applicant's doctor)</p> <p>Course or program description: _____</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">(applicant's signature)(date of signature)</p>	
---	--

<p>I, _____ give permission for a CFSN representative to (applicant's name)</p> <p>contact the educational facilities director, Mr./ Mrs./ Ms. _____ at (name of director)</p> <p>_____ to discuss my application, fee schedule, and eligibility. (name of educational institution)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">(applicant's name)(date of signature)</p>	
--	--

Please return the completed application to:

**Cystic Fibrosis Support Network of Michigan
P.O. Box 790
Troy, MI 48099**

Questions may be directed to
educationgrants@mpdci.org
or call (248) 398-5859