



LDA/Columbia Lyme Conference Scholarship Application

Who is eligible to apply? Medical students, residents, post-doctoral candidates, fellows, veterinarians with equivalent status to the above, and Nurse Practitioner candidates in a doctoral program

What is the scholarship for? To enable participation in the LDA/Columbia "Lyme & Other Tick-Borne Diseases: Science Bridging the Gap" Conference (Nov 14 & 15, 2015 in Providence-Warwick, R.I.)

Why is this scholarship being provided? Our goal is to disseminate knowledge to medical/vet clinical and research trainees or fellows who wish to learn from leading scientists about the progress in Lyme & Tick-borne Diseases. Such knowledge stimulates novel research ideas and enhances clinical care.

LDA must receive the application from you by Oct. 5, 2015 to be considered for a scholarship

FULL NAME: _____

MAILING ADDRESS: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

CATEGORY YOU ARE ELIGIBLE & APPLYING FOR FROM ABOVE LIST: _____

INSTITUTION YOU ARE ENROLLED IN: _____

REASON FOR INTEREST IN CONFERENCE: _____

Scholarship will be awarded at the sole discretion of the Lyme Disease Association, Inc. (LDA). If the information you provided is found subsequently to be untrue, you will be required to reimburse the LDA for the full cost of the scholarship award. Total of scholarship including registration fee, hotel, and transportation will not exceed \$1,000. Applicants complete an LDA reimbursement form and attach ALL receipts to it to receive reimbursement

To apply please, supply the following document to certify your eligibility to apply for this scholarship:

- ID card from the institution in which you are registered **or**
- Letter on institution stationary signed by the department chair, dean, or faculty mentor or a faculty member who knows you the best. His/her contact information should be included.
- W-9 must also be provided to LDA

How the scholarship will be administered: If you are notified that you will receive a scholarship, you will be registered automatically for the conference as either a CME registrant or non CME registrant. CME credits are provided by the Columbia University Medical Center.

Which category would you fall under?

CME (continuing medical education) ____ Non CME ____

How would you travel to the conference (own car, bus, train) _____

If distance requires plane transportation, LDA will need to approve that before scholarship is granted.

Will you require a hotel room? N____Y____ Date(s) Nov. 14____ Nov.15 _____

I certify that I have read all the information contained on this application and all statements on this application made by me are true.

Printed name _____

Signature _____

Date _____

Forms and accompanying documentation must be received by Oct. 5, 2015 to the:

Lyme Disease Association, Inc.

PO Box 1438

Jackson, NJ 08527

OR

Scan in and email to Lymeliter@AOL.com

OR

Fax to: 732 938-7215

See conference link for details

<http://www.lymediseaseassociation.org/index.php/lda-news-a-updates/1419-16th-annual-ldacolumbia-lyme-conf>

Lyme Disease Association website

<http://www.lymediseaseassociation.org/>

Columbia University Medical Center Lyme & Tick-borne Diseases website

www.columbia-lyme.org