



Burn Survivors of New England

Hope, Courage, Community, Acceptance

February 25, 2019

Hello! We hope you are doing well!

We would like to see you attend Phoenix World Burn Congress (PWBC) 2019 in Anaheim, CA – October 2nd – 5th, where a whole lot of healing occurs, information on recovering from a burn injury is shared and new friendships are made.

Due to the generosity of our donors we are able to offer financial assistance for you and your family. Please fill out the attached BNONE scholarship application form and return it to us **no later than May 1, 2019**. Please let us know immediately if you have children or young adults that want to be registered in the UBelong program – ages 7 - 25. (learn about at <https://www.phoenix-society.org/wbc/phoenix-ubelong>) We will give written notification of your scholarship award around May 15, 2019. At this time we may contact you by phone to discuss attending PWBC. You will then receive a letter to **sign and return with a required \$50 per person deposit**. This deposit will be returned to you in Anaheim, CA for you to use toward any additional expenses not covered by BNONE. PWBC does not provide all meals so you will need to have funds available.

Please remember that May 1st is a hard deadline. Applications submitted after that date will not be considered.

We look forward to hearing from you soon and if you have any questions, please don't hesitate to call or email:

George Pessotti – 508-612-8101 george@pessotti.com

Diana Tenney – 508-995-0040 774-473-7847 dianatenney@comcast.net

Elaine Devine – 617-921-8168 tislainie@gmail.com

Best,

Diana Tenney, President

Diana Tenney
President, Burn Survivor

Gabriel O'Neill
Secretary, Vericel Corp.

Corey Starke
Treasurer, Vericel Corp.

George Pessotti
President Emeritus, Burn Survivor
David Vogel
President Emeritus, Burn Survivor

Elaine Devine, MSW, LICSW
Brigham and Women's Hospital, Burn Survivor

Lewis E. Kazis, Sc.D
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Jerry Laperriere
Burn Survivor

Timothy Lynch, Attorney
Swartz & Lynch LLP

Jeffrey C. Schneider, MD
Spaulding Rehabilitation Hospital

John Schulz III, MD, PhD
Massachusetts General Hospital

Steve Turley
Boston Firefighters Burn Foundation,

► Correspondence and Contributions: President, Diana Tenney – 114 Butler St, New Bedford, MA 02744

► Questions information: 508-995-0040 – 774-473-7847



**BSONE Phoenix World Burn Congress
Scholarship Application (PWBC) 2019**

October 2-5, 2019, Anaheim, CA

All fields must be completed

Completed form must be received no later than
May 1, 2019 – no exceptions



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Primary Applicant Name (as appears on I.D.): _____

Burn Date: _____ Are you still going through reconstructive surgery? Yes No

Please mark your affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please complete all fields and CHECK BOX for preferred form of communication:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Applicant Name (1) (as appears on I.D.): _____

Please mark your affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please complete all fields and CHECK BOX for preferred form of communication:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional applicants please see page 2

Tell us about You, BSONE and PWBC

Annual Household Income (inclusive of all household members) \$ _____

Have you ever attended PWBC: Yes No If so what year(s)? _____

Did you submit a Thank You Letter after your PWBC experience? Yes No

Did you receive financial assistance from BSONE to attend? (check one):

Full Scholarship I contributed this amount \$ _____ No

Please list all circumstances contributing to need for financial assistance for scholarship:

Are you receiving/raising money for finances to attend this year's PWBC from sources other than BSONE? Yes Source _____; No

How much can you contribute this year toward your PWBC experience? \$ _____ in addition to your \$50.00 per person deposit

Tell us about your participation in BSONE Activities over the past year

(** Our goal is for every scholarship recipient to have a minimum of 10 volunteer hours -- mark all that apply)

Peer Support Visits (in-patient) ; Peer Support Group Attendance ; Annual Walk ;
Annual Dinner Dance ; Fundraising outside of events ; Project/Event Volunteer
Other:

Tell us about your Travel/Caregiver Requirements

What is the closest airport for you to fly out of? _____

Have you flown before? Yes ; No ; Have you flown on your own before Yes ; No

Can you arrange your own transportation from your home to the airport? Yes ___; No ___

If no, what method of transportation is available for you to get to the airport?

(e.g. bus, arrange transportation with another PWBC attendee, shuttle service)

_____ Cost \$ _____

Do you require a Personal Care Attendant for your daily needs? Yes ___ No ___

Are there additional medical conditions that we need to know about? Yes ___ No ___ (if yes, please describe on the back of 2nd sheet)

Do you require special airport services (e.g. luggage handling, wheelchair, translator) Yes

Please explain: _____

When your scholarship request is approved, you will be required to sign a contract for your commitment to travel to Anaheim, CA, and send back signed with a deposit of \$50.00 per person. If needed, this money will be refunded to you at PWBC for your use for meals that are not provided by PWBC or the BSONE hospitality suite.

Please sign to certify:

I, _____ certify that I have read, understand and agree to BSONE's Scholarship Recipient Guidelines and Expectations and that the information I provided on this application is accurate.

Signature: Applicant 1 _____

Applicant 2 _____

Date: _____

Please mail or email completed, signed form to:

Diana Tenney

dianatenney@comcast.net

114 Butler St, New Bedford, MA 02744

Additional Applicant (2): _____

Please mark your affiliation: Burn Survivor Family Member/Friend Medical Associate

Date of Birth: _____ Age at time of application: _____

Please complete all fields and CHECK BOX for preferred form of communication

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If you are applying for more than 3 scholarships, please copy this block of information and include on separate page