



Wilson Disease Association

International Travel Scholarship Application – Annual Conference 2025

Please complete all sections and email to Rhonda.Rowland@wilsonsdisease.org

The Wilson Disease Association will consider travel stipend requests up to \$1,500 USD.

A. Contact Information

Full Name: _____

Email Address: _____

Phone (with country code): _____

Mailing Address (including country): _____

Nationality: _____

B. Organizational Affiliation (if any)

Organization Name: _____

Role/Title: _____

Website (if applicable): _____

C. Personal Statement

1. Why are you interested in attending the Wilson Disease Association's Annual Conference?
(What do you hope to learn or experience?)

2. How do you plan to use what you learn at the conference in your home country or
community?
(For example: advocacy, patient support, awareness, medical practice, policy efforts, etc.)

3. Briefly describe any Wilson disease-related activities you are involved with in your country.

4. Briefly describe any financial constraints or limitations that may prevent you from attending this conference without financial support.

D. Additional Details

Have you attended this conference before? Yes No

If yes, which year(s)? _____

E. Commitment

If awarded a travel scholarship, I agree to:

- Fully attend the conference;
- Share knowledge gained with my community; and
- Complete a post-conference survey (on-line) and share my thoughts and observations
- If awarded, reimbursement requests must be submitted to the WDA within 30 days after the conference and must include travel receipts. Attendees are responsible for making their own travel arrangements.

Signature: _____

Date: _____