



**Wilson Disease Association**  
**International Travel Scholarship Application – Annual Conference**  
**2026**

Please complete all sections and email to [Rhonda.Rowland@wilsonsdisease.org](mailto: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.)

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

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

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**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: \_\_\_\_\_