



**2022 National Conference - Providence, RI**  
**Financial Aid Application**  
Application Deadline: February 1, 2022



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many people will be attending the conference? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Have you attended a FIRST National Conference before?  Yes  No If so, when?

How many persons are you applying for financial aid for? \_\_\_\_\_ Adults (13+) \_\_\_\_\_ Children (12 & under)

Annual Family Income: <i>(please include a copy of your most recent 1040 w/ account info removed)</i>	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$75,000 - \$99,999
	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$100,000 - \$149,999
	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> Over \$150,000

***Please attach a copy of your hotel reservation to this application.***

Why is the conference beneficial for you? *(Use additional paper if necessary)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

