

"OUR MANY FACES OF MMD REUNION"
2023 AMBASSADOR SCHOLARSHIP PROGRAM
Funding provided by the Cohen Family Trust and AHLIFE

...Purpose...

The *Cohen Family¹ Trust* promotes education for individuals affected with myotonic dystrophy (DM) also known as myotonic muscular dystrophy (MMD). *AHLIFE (A Healthy Life For Everyone)* promotes education, support and resources to enhance Health and Quality of Life for everyone.

...Scholarships...

The Cohen Family *Trust* and *AHLIFE* through the 2023 Ambassador Scholarship Program have collaborated with the Myotonic Dystrophy Foundation (MDF) to help defray some expenses to attend the 2023 MDF Annual Conference, September 7-9, in Washington D.C. Scholarships will reimburse some of the conference registration fee and hotel expenses for Thursday, Friday and Saturday nights. Each scholarship recipient is entitled to only one scholarship totaling \$1,000.00

...Eligibility...

Applicants must be affected and diagnosed with Juvenile Onset Myotonic Dystrophy (JOA) or Congenital Myotonic Dystrophy (CDM), defined by MDF as "*when symptoms of the disease first appear; typically with intellectual and learning disabilities*". Minor applicants will need permission to apply from their parent and/or guardian and may need travel supervision. Minors (18-21) as legally described in the applicant's State of residence. Applicants must be 18 and above.

...Application...

The application must be completed and received by **midnight, Monday July 17, 2023** for the applicant to be considered by the Scholarship Committee. Applications must be completed and mailed to: Ambassador Scholarship, 3737 Vigilance Drive, Rancho Palos Verdes, CA., 90275.

...Selection...

Selection of scholarship recipients will be determined by the 2023 Ambassador Scholarship Committee. All scholarship recipients will be notified the first week of August by phone or email.

...Rules...

1. Scholarship funds will reimburse **Hotel** for Thursday, Friday and Saturday's lodging (room cost + tax) – not to exceed \$750.00. Hotel expenses do not include food, drinks and gifts. **Conference registration** – not to exceed \$250.00. Costs above these amounts will NOT be reimbursed.
2. Scholarship recipients are required to complete a brief post conference survey.
3. If a scholarship recipient is unable to attend, that scholarship will be nullified.
4. The Cohen Family Trust, AHLIFE and the Ambassador Scholarship Committee are not responsible or liable for any applicant attending the 2023 MDF Conference.
5. Scholarship recipients will be reimbursed via check after expense receipts are submitted and received by the Ambassador Committee post conference.

...REMINDER...

1. *Ambassador Scholarship Application* must be received by Monday, July 17, 2023. Scholarship awardees will be notified the first week of August, 2023.
2. *Register for the Conference through the MDF website.*
3. *Make your own Hotel Room Reservation.* (**Note:** Conference registration does not reserve your hotel room).
4. Arrange for own *Transportation* to MDF Conference in Washington D.C.
5. *Child care* is not provided at the conference.

Registration and Conference Questions?

www.Myotonic.org/Conference or call (415)-800-7777

"OUR MANY FACES OF MMD REUNION"
2023 AMBASSADOR SCHOLARSHIP PROGRAM
Application and Questionnaire

The following application will be used in the selection of Ambassadors to the Annual Myotonic Dystrophy Foundation Conference in Washington D.C. Only completed applications received by the July 17th, deadline will be considered.

AMBASSADOR APPLICANT NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: ____ -- ____ -- ____ **CELLPHONE:** ____ -- ____ -- ____

EMAIL ADDRESS: _____ @ _____ . _____

DATE OF BIRTH: ____, ____, ____ **APPROXIMATE AGE WHEN DIAGNOSED:** ____

CONTACT NAME for CORRESPONDENCE: _____

(If different than Applicant. This is the individual to whom reimbursements will be paid)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: ____ -- ____ -- ____ **CELLPHONE:** ____ -- ____ -- ____

EMAIL ADDRESS: _____ @ _____ . _____

ALTERNATE CONTACT NAME: _____

(In case of emergency)

STREET ADDRESS _____

CITY/STATE/ZIP: _____

PHONE NUMBER/CELL PHONE: _____

EMAIL: _____

...Highest Level of Education...

- Grade School
- High School
- Certificate Program – Certification Received _____
- AA Degree
- Bachelor Degree
- Graduate Degree – Degree Received _____

...Employment... check those that apply

- Yes No Full Time - Hours per Week _____ Position _____
- Yes No Part Time - Hours per Week _____ Position _____
- Yes No Volunteer - Hours per Week _____ Position _____
- Yes No Receive Disability

...Myotonic Dystrophy Symptoms...check all those that you experience

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Speech and Swallow | <input type="checkbox"/> Yes <input type="checkbox"/> No - Hair Thinning |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Constipation/Diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No - Substance Abuse |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Learning difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No - Endocrine / Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Respiratory Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No - Fatigue / Sleepiness |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Digestive Pain and / or Bloating | <input type="checkbox"/> Yes <input type="checkbox"/> No - Skin Tumors |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Cataracts/Drooping Eyelids | <input type="checkbox"/> Yes <input type="checkbox"/> No - Cardiac / Heart |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Muscle Stiffness, Weakness and / or Wasting | |

...Education Through Conferences...

- Yes No Attended Past Myotonic Dystrophy Conferences
- Yes No Been Selected as a Past Ambassador
- Yes No Participate in Land Based Support Groups Past
- Yes No Participate in Social Media

Which medias _____

Completed applications MUST BE received by **midnight July 17, 2023**

I, (print applicant and/or parent/guardian name) _____ have read the 2023 Ambassador Scholarship Program rules. My application to the program is my agreement to abide to its regulation. Or as parent/guardian will be responsible for the Scholarship Applicant.

Signature: _____ Date: _____

**Due date: Applications must be received by midnight, July 17, 2023
AMBASSADOR SCHOLARSHIP, 3737 Vigilance Dr. Rancho Palos Verdes, CA, 90275**