



CDG CARE
P.O. Box 38832
Colorado Springs, CO 80937
TEL: (866) 295-7910
Email: info@cdgcare.org

Travel Grant Application Instructions:

INSTRUCTIONS MUST BE FOLLOWED EXACTLY OR APPLICATION WILL BE RETURNED.

WHAT IS A CDG CARE TRAVEL GRANT?

A travel grant may consist of funds and/or travel vouchers (for airfare, hotel, etc.) for CDG- related travel.

WHAT TRAVEL IS COVERED?

Medical Travel Request – covers up to \$1,000 USD for airfare and/or hotel costs to seek medical consultation at the Frontiers in Congenital Disorders of Glycosylation Consortium (FCDGC) Clinic within the University of Alberta in Edmonton, AB Canada

HOW MANY TRAVEL GRANTS WILL BE AWARDED?

CDG CARE funds travel grants based on availability of funds and/or travel vouchers.

HOW WILL RECIPIENTS BE SELECTED?

Applicants are evaluated on a case-by-case basis as permitted by the availability of travel funds and/or vouchers. Priority will be given to those with greatest financial need, families not previously funded, and/or families who have not participated in the same or similar study in the past.

WHO IS ELIGIBLE?

Patients with CDG and their family members.

HOW CAN I APPLY?

Complete the attached application and mail your completed application to the address above or submit the PDF to: info@cdgcare.org. Applications must be submitted to CDG CARE at least SIX WEEKS prior to travel.

Proof of travel is required, and post-travel receipts will be required. Recipients will be expected to submit a short summary report (1 page) describing how they benefited from the visit.

Travel Grant Applications should be submitted via email to: info@cdgcare.org, or mailed directly to: CDG CARE, P.O. Box 38832, Colorado Springs, CO 80937.

“Our mission is to promote greater awareness and understanding of CDGs, to provide information and support to families affected by CDGs, and to advocate for and fund scientific research to advance the diagnosis and treatment of CDGs.”

Travel Grant Application Form:

Name: _____ Date: _____

Address: _____

E-mail address: _____ Phone: _____

Travel dates: (must be at least 6 weeks later) _____

Amount requested: (medical travel grants are available up to \$1,000 USD and vary by the distance and travel methods needed to reach the destination.)

Previous funding from CDG CARE? (circle one): **YES** **NO**

Names of fellow travelers/co-applicants and their relationship:

Household Income (circle one):

<\$30,000

\$30,001 - \$60,000

\$60,001 - \$100,000

>\$100,001

Number of dependents/children in household (circle one):

1

2

3

4

5 or greater

