Life Raft Group 2024 Life Fest Scholarship Application Form

Thank you for your interest in The Life Raft Group, Life Fest and our scholarship program. The intention of the scholarship/financial aid fund is to make Life Fest programming available to individual patients, family members and/or caregivers seeking to enhance their GIST awareness, regardless of their financial situation. Scholarships are made possible by the generosity of LRG Board of Directors and donors. Our funds are limited, and scholarships are approved on a first come, first served basis.

Applying for scholarship does not guarantee that you will receive one. If you are approved for the scholarship, the Life Raft Group will pay for your Life Fest registration fee and the hotel directly for room cost for both Friday and Saturday nights. Please send your completed application to Antoinette Pauwels, email: apauwels@liferaftgroup.org

Life Fest Fundraising & Testimonials

We rely on the generosity of donors to make this scholarship program available to members like you. Therefore, we need your help with fundraising by asking family, friends, neighbors, or the company you work for to contribute to the LRG and this program. We will help you craft a message asking for donations that you can post on social media or to send via text, email, or mail. We also would love to hear about your experience at Life Fest and how this event made an impact on your life. Your testimonials will be included on our website and promotional materials for future events. We will be in touch with you about fundraising and sharing your story with us.

Application

All fields are required to be filled out accurately and please print your name and telephone numbers.

Last Name:		First Name:	
Mailing Addre	ess:		
Apt or Suite N	lumber:		
City:		State: Zip Code:	
Country:			
Home Telephone Number:		Cell Telephone:	
E-mail Addres	SS:		
Are you a me	mber of the Life Raft G	Group?	
Yes	No		
Are you a pat	tient or caregiver?		
Patient	Caregiver	Other:	

Family Member or Caregiver to be included in this scholarship request: Last Name: _____ First Name: _____ Relationship to Applicant: Telephone Numbers to call: Day: ______ Evening: _____ Scholarships are for those who can't afford to pay the costs to participate at Life Fest. Please include information as to why you would like to be considered for the Life Fest Scholarship: Signature: Date: _____