



The **Dr. Virginia Proud Scholarship Fund** was established to honor the memory of Dr. Virginia “Ginny” Proud who graciously dedicated much of her career to individuals with Costello syndrome and their families. This fund is primarily to assist families who are attending the conference for the first time. The scholarship includes registration for up to 2 adults and 2 siblings of the individual with Costello syndrome who are living in the home. There is no registration fee for the individual with Costello syndrome. In extreme circumstances and should funding allow, assistance with other expenses may be considered.



The **Makenzie Belanger Memorial Fund** was established by her parents and funded by family and friends in memory of Makenzie Belanger. Their deep love for their amazing daughter Makenzie created a desire to help other families. Through this scholarship, more families will be able to attend the conference and have firsthand experience of the love and support of the Costello community, and an amazing learning and sharing opportunity. Scholarship amounts will be determined after applications are received.



The **Nicholas Spinnell Fund** was established in memory of Nicholas Spinnell by his parents and funded by parents and grandparents. They carry sweet memories of Nicholas and wanted to help other families learn more about Costello syndrome by assisting with the biennial conference and scholarships to help families who may not be able to attend without a little help. They recognize the tremendous value of meeting other families who can share their experiences, supporting research through the conference, and learning from the best researchers, physicians, and other professionals who come to the conference. Scholarship amounts will be determined after applications are received.

# CSFN CONFERENCE SCHOLARSHIP APPLICATION

13<sup>TH</sup> International Costello Syndrome Family Conference, Orlando, FL

July 23-27, 2025

A limited number of scholarships are available to aid families who may not otherwise be able to attend the 2025 conference. Scholarships are awarded on a financial need basis and priority is given to families attending the conference for the first time. The amounts may vary, and no money or funds are exchanged. **All completed applications must be received at the CSFN office no later than May 20, 2025, by 5pm Eastern Time. Applications received after May 20, 2025, may not be considered.** All information provided will remain strictly confidential.

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## ***Eligibility***

- The applicant must be a parent or guardian of an individual diagnosed with Costello syndrome.
- Applicant(s) must be staying at the Hyatt Regency Grand Cypress, Orlando, FL for the dates of the conference.
- Families may apply for both the Conference Scholarship and the Travel Assistance Scholarship, but may be awarded only one scholarship.
- Priority for the Conference Scholarship will be given to families attending the CSFN conference for the first time.

## ***Assistance Funds***

Funds from this program for eligible applicants will be allotted on a **first come, first served** basis by CSFN, to the extent that funding is available. The funding amount may vary among applications. It is the responsibility of the applicant/family to pay for travel and other expenses to attend the conference.

Allowable conference expenses that may be covered include:

- Registration fee for the conference.
- Hotel rooms at the Hyatt Regency Grand Cypress, Orlando, FL between Wednesday, July 23 and Sunday, July 27, 2025.
- Registration fee for Camp Ras or CS Lounge for the individual with Costello syndrome and up to 2 siblings.

## ***Deadline to Submit Application***

Completed applications with required written statement must be received by May 20, 2025.

## ***Questions?***

Contact CSFN by emailing [sandra@CostelloSyndromeUSA.org](mailto:sandra@CostelloSyndromeUSA.org).

**PLEASE NOTE:** All funds are the property of CSFN and will remain such until they are distributed. While funding may assist in covering a portion of your expenses, there may be amounts that are not covered. Amounts not covered are your responsibility. Program policies are subject to change at any time.

I, \_\_\_\_\_ (applicant's name – please print) understand that by submitting this scholarship application that I/my family will be fairly considered for scholarship funding.

- Further, by submitting this application I understand that I/my family may incur additional expenses which are my/my family's responsibility.
- I agree specifically to attend all medical lectures and presentations on Thursday, July 24, 2025, and all sessions on Saturday, July 26, 2025, of the 13<sup>th</sup> International Costello Syndrome Family Conference.
- If bringing children, I will bring someone to watch my children or enroll them in childcare (Camp Ras or CS Lounge) as children are not allowed in these sessions.
- I/my family will stay at the Hyatt Regency Grand Cypress, Orlando, FL during the conference.

\_\_\_\_\_  
Name of Applicant (Please Print legibly)

\_\_\_\_\_  
Signature of Applicant

## APPLICATION

I am applying for scholarship funds for the following immediate family members. Please list their first and last names.

Individual with Costello syndrome: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adult 1: \_\_\_\_\_

Adult 2: \_\_\_\_\_

Sibling 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sibling 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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## APPLICANT INFORMATION

*Please print legibly.*

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**I am the parent or caregiver** of an individual with Costello Syndrome. **Yes No** (circle one)

If Yes, the name of the individual with Costello syndrome is \_\_\_\_\_  
(First and Last Name)

Relationship to the individual with Costello syndrome: \_\_\_\_\_

**Have you previously attended** a CSFN conference? **Yes No** (circle one)

If Yes, please indicate conferences attended: (circle all that apply)

1999 2001 2003 2005 2007 2009 2011 2013 2015 2017 2019 2023

**Have you previously received** funding from CSFN? **Yes No** (circle one)

**By signing below, I agree to the following:**

- I agree to attend all medical lectures and presentations on Thursday, July 24, 2025, and all sessions on Saturday, July 26, 2025, of the 13<sup>th</sup> International Costello Syndrome Family Conference.
- If bringing children, I will bring someone to watch my children or enroll them in childcare (Camp Ras or CS Lounge) as children are not allowed in these sessions.
- I/my family will stay at the Hyatt Regency Grand Cypress, Orlando, FL during the conference.

### Written Response

Attach to this form your written statement of no more than 250 words. All information above 250 words will not be considered. Your written statement should include:

1. An explanation of the benefits you expect to derive from attending the conference.
2. A description of how the scholarship will lessen the financial burden on you/your family and assist you in attending the 2025 conference. You must be specific about why you need assistance.
3. Include specifically what you need assistance with, i.e., registration, room nights, travel expense, etc., for individuals you listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

All completed applications with written statement should be scanned and emailed to [Scholarship@CostelloSyndromeUSA.org](mailto:Scholarship@CostelloSyndromeUSA.org). If you are unable to scan and email, mail your application with attachments to **Costello Syndrome Family Network, 159 Settings Blvd, Black Mountain, NC 28711 USA. Completed applications and attachments must be received no later than 5 pm Eastern Time on May 20, 2025 to be considered.** Recipients of scholarship funds will be notified by email or phone as soon thereafter as possible but no later than May 30, 2025.