



Hand Rehabilitation Foundation Tuition-Travel Grant Application 2025

Date of Application: _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Applicant E-mail: _____

Reason for Grant request (one sentence):

Fellowship and/Program Director: _____

Course Title: 20th Annual Upper Extremity Tutorial Course
Reconstructive Surgery of the Shoulder, Elbow & Wrist

Course Venue: The Viewline Resort Snowmass

Course State: Snowmass Village, Colorado

Course Start/End Date: February 9, 2025- February 13, 2025

Sunday, February 9th 4:30 p.m. - Thursday, February 13th 7:00 p.m.

Friday, February 14th 6:30 a.m. – 11:45 a.m. Fellows Post-Course*

Course Tuition Amount: \$750

Hotel Expense (Max \$575): _____

Airfare (Max \$575): _____

Grant Request Total: (Max \$1900) \$_____

Requestor's Signature: _____

****Please note application deadline: December 15, 2024**

****You will be notified no later than: December 31, 2024**

** In order to be reimbursed, you must attend the entire Post-course*