



Shaw Family NF2 Enrichment + Adventure Award

The Shaw Family NF2 Enrichment + Adventure Award provides opportunities for persons diagnosed with neurofibromatosis type-2 related schwannomatosis (NF2) to “embrace the adventure bit” and embark on a journey of self-discovery, enrichment and confidence building experiences. Qualifying adventures and experiences are as diverse as the individual and can include, but are not limited to; seasonal camps, afterschool programs, clubs or leagues, therapeutic/adaptive programs, and study abroad programs. They can encompass everything from the arts, chess, computer coding, horse-back riding, skiing, educational tours, and experiential trips, to name just a few. Awards can also be used for adaptive equipment for communication, gaming consoles, sports and recreation.

Eligibility:

- NF2 related schwannomatosis applicants, within the NF Northeast region (Maine, New Hampshire, Vermont, Connecticut, Massachusetts, Rhode Island, New York, New Jersey, and Pennsylvania).
- Applications will be reviewed seasonally and Awards granted to approved recipients throughout the calendar year, as Award funding remains available.
- Applications include a Certification Form, to be signed by the applicant’s medical professional (physician, physician’s assistant, or nurse practitioner) confirming their neurofibromatosis type-2 related schwannomatosis (NF2) diagnosis.
- Once approved, Awards of up to \$1,000.00 are restricted to one per person, per calendar year, as Award funding remains available.

Application Timelines:

To accommodate participation in a wide variety of enrichment programs and adventure activities in every season, we encourage submission of applications based on the following timelines:

- **December** for programs running January through March
- **March** for programs running April through June
- **June** for programs running July through September
- **September** for programs running October through December

Award Announcements:

- Applicants will be notified via email, within 30 days of receipt, whether their application is approved or denied.
- Award checks for approved recipients will be made out to the organization/program of attendance and will be mailed directly to the organization on the recipient’s behalf. An acknowledgment email will be sent, to both the organization/program and the Award recipient, confirming the Award check has been mailed by NF Northeast.
- Alternatively, approved Award recipients may submit the receipt(s) showing proof of payment and confirmation of program admittance to Anne Patterson of NFNE to request reimbursement of program/activity participation fee, up to the Award amount granted. An acknowledgment email will be sent to the Award recipient/guardian to confirm reimbursement has been approved/sent by NF Northeast.



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Awards are made in memory of Duncan L. Shaw and in honor of Leah J. Manth:

For over 15 years Duncan was an avid supporter of NF Northeast and its initiatives which brought critical research funding and provided community awareness to the challenges faced by those with neurofibromatosis. In 2007, Duncan's then 7-year-old niece, Leah, was diagnosed with NF2. Always inspired by her strength, perseverance and unwavering CAN-DO attitude, Duncan laced up his running shoes, hopped on his bicycle or donated his time to raise funds and awareness for NF2 initiatives and NF Northeast. Although cut short, Duncan lived a full life and embodied a never-ending quest for adventure, enrichment, and learning. This, combined with Leah's ability to never let NF2 keep her from pursuing her interests, lead the Shaw family to create this Award to fuel unique experiences and rewarding opportunities for deserving NF2 champions.

They welcome you to get creative and apply today!



Application - Shaw Family NF2 Enrichment + Adventure Award

Please complete the information on **pages 3-5**. If you have any questions regarding the Award or the application, please contact Anne Patterson, Director of Patient & Clinical Outreach, by email to info@nfnortheast.org or call 781-272-9936.

Mail or fax completed application (pages 3-5) to:

NF Northeast
9 Bedford Street
Burlington, MA 01803
Attn: Sharon Klein, Executive Director

Or via Fax: 978-267-6595, Attn: Sharon Klein, Executive Director

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Telephone: (____) _____ cell home

Date of Birth: _____

The Applicant was diagnosed with neurofibromatosis type-2 related schwannomatosis (NF2) at the age of: _____

PARENT OR GUARDIAN INFORMATION (ONLY IF APPLICANT IS UNDER 18 YRS.):

First Name: _____ Last Name: _____

Address (if different from Applicant): _____

City, State, Zip: _____

E-mail: _____ Telephone: (____) _____ cell home

Relationship to Patient: _____



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ORGANIZATION/PROGRAM DESCRIPTION

Organization's Name: _____

Organization's Address: _____

E-mail: _____ Telephone: (____) _____

Contact Person: _____ Website: _____

Name of Specific Program/Enrichment Activity/Adventure: _____

Description of Program/Activity: _____

Dates, Length and/or Frequency of Program/Activity: _____

Total Anticipated Cost to Applicant: _____

Requested Award Amount (*not to exceed \$1,000*): _____



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CERTIFICATION OF NEUROFIBROMATOSIS-TYPE 2 (NF2) DIAGNOSIS

To be completed by the patient's medical professional (*patient's physician, physician's assistant, or nurse practitioner*).

I certify that the patient, (full name) _____ has been diagnosed with neurofibromatosis type-2 related schwannomatosis (NF2). I understand and agree that any inaccurate or misleading diagnosis information will be cause for the invalidation of any grant/award offered to the patient.

Print name and professional credentials

Signature

Date: _____

To be completed by the patient (or guardian, if the patient is under 18 yrs.)

I certify that the information presented in this application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the invalidation of any grant/award offered. NF Northeast may verify any, and all parts of this application.

Patient's Name (please print)

Patient's Signature

Date: _____

Guardian's Name (please print)

Guardian's Signature

Date: _____