



2700 Horizon Drive, Suite 120  
King of Prussia, PA 19206

267.514.7221

info@theaftd.org  
[www.theaftd.org](http://www.theaftd.org)

Dear Friend,

Thank you for your interest in The Association for Frontotemporal Degeneration's Comstock Travel Grant. In addition to AFTD, several medical centers and other organizations now host education conferences specific to FTD, but the expense of travel and lodging may make it difficult to attend. AFTD is pleased to offer some help with those costs so you can learn more about care and advances in research on these devastating disorders. Attending a conference is also a great way to meet others who may be facing challenges similar to you.

Please complete the attached travel grant application based on your anticipated expenses and return it to AFTD prior to the date of the conference for consideration. We will begin reviewing applications a couple months before each event and will award grants on a rolling basis as long as funding permits. Expenses will be reimbursed *after the conference or event has been held* and up to the amount awarded. Funding is limited and a travel grant may not cover the full cost of your trip. Please estimate your travel expenses and request the minimal amount of assistance required.

AFTD is pleased to offer the travel grants as one way that we can support you in your journey. I encourage you to also visit our website and contact the HelpLine if we can help in any way. Together we will continue to improve the quality of life of people affected by FTD and drive research to a cure.

Sincerely,

*Matthew Sharp*

Matthew Sharp, MSS  
AFTD Program Manager  
phone: 267-514-7221 or 866-507-7222  
email: info@theaftd.org



## Comstock Travel Grant Guidelines

### Goals

- Improve access to current information and resources in FTD care and research for family caregivers and people with the disease.
- Provide modest financial assistance to make it possible to attend an FTD education event.

### How to Qualify

- Applicant must be an immediate family member who is actively involved in the care of a loved-one with FTD; a primary unpaid caregiver for a person with FTD, or a person diagnosed with an FTD disorder who is active on their own behalf.
- Applicant must be a resident of the US or Canada.
- Only one travel grant will be awarded per family for each event.
- Individuals can only receive one travel grant per AFTD **fiscal** year (July 1st – June 30<sup>th</sup>)

### Stipulations:

- Maximum amount awarded for a single travel grant is \$500.
- Funds can only be used for education conferences or events approved by AFTD.
- Travel grants are paid through reimbursement. Applicant bears sole responsibility for contacting AFTD to request reimbursement and submitting receipts for approved travel expenses.
- Approved travel expenses include; lodging, airfare or other transportation costs including reimbursement for mileage (at the current rate used by the United States I.R.S.). Grant cannot be used to cover rental cars or meals eaten while traveling. Other expenses must be approved by AFTD before receipts may be submitted for reimbursement.
- AFTD will send reimbursement checks to applicants by mail **after the date of the event or conference attended.**
- Applicant will only be reimbursed for the amount of approved expenses shown on receipts and up to the total amount awarded. Reimbursements are made in US dollars only.

### Deadlines:

- Travel Grant Application must be received by AFTD **prior to the date of the event or conference to be attended.**
- Grantee must submit travel receipts to AFTD within 60 days from the final date of the conference or event attended. **Receipts submitted after 60 days will not be reimbursed.**

For questions related to the Comstock Grant Program, or for assistance in completing this application, please contact:

Matthew Sharp, AFTD Program Manager  
267-514-7221 or [info@theaftd.org](mailto:info@theaftd.org)  
866-507-7222 (Toll-free)

**Keep this page for your records**

**Comstock Travel Grant  
Application**

**Fill out and return this page to:**

Program Manager  
The Association for Frontotemporal Degeneration  
2700 Horizon Drive, Suite 120  
King of Prussia, PA 19406

via email: [info@theaftd.org](mailto:info@theaftd.org)

**APPLICANT INFORMATION**

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

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth (*applicant*): \_\_\_\_\_

Relationship to person diagnosed \_\_\_\_\_

Subtype (if known): bvFTD  PPA  CBD  PSP  FTD/ALS

Date and place of diagnosis: \_\_\_\_\_

Name of person diagnosed (*if different from applicant*): \_\_\_\_\_

Date of Birth of person diagnosed (*if different from applicant*): \_\_\_\_\_

**CONFERENCE TRAVEL INFORMATION**

Which conference are you planning to attend? \_\_\_\_\_

Location of conference/event: \_\_\_\_\_

Estimate of expenses:

Conference fee: \$ \_\_\_\_\_ **\*\* Waived for AFTD Annual Conference**

Round trip transportation: \$ \_\_\_\_\_ Method: Car Train Air Bus Other  
**(Circle one)**

Total lodging: \$ \_\_\_\_\_ Number of nights required: \_\_\_\_\_

Parking/taxi/tolls/etc... \$ \_\_\_\_\_

Amount of grant requested: \$ \_\_\_\_\_ (maximum award is \$500)

Comments/clarification/questions:

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How did you learn about AFTD's Comstock Grant Program? (Select all that apply)

\_\_\_ AFTD website      \_\_\_ FTD support group      \_\_\_ Friend or relative

\_\_\_ AFTD staff      \_\_\_ Other healthcare or community service provider

Have you received a prior Travel Grant from AFTD?

Yes  (if so, year \_\_\_\_\_)

No

**Required Signature**

I understand the above information to be correct as of: \_\_\_\_\_[please enter today's date]

Signature of Applicant:

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***For Office Use Only:***

Date Registered for Conference: \_\_\_\_\_

***AFTD is a non-profit, 501(c)(3), charitable organization. A copy of AFTD's official registration and financial information may be obtained from the PA Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.***

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