

January 1, 2025

Dear Friends,

Burn Survivors of New England (BSONE) is a non-profit 501(c)(3) organization dedicated to supporting and empowering burn survivors. Our organization is interested in offering burn survivors and family members 18 years and older the opportunity to apply for a scholarship to attend the Phoenix World Burn Congress (WBC) being held from **November 12 – November 14, 2025 at the Northern Kentucky Convention Center.**

The WBC is the world's largest gathering for burn survivors, families, and professionals. This life-changing event fosters healing and connection through shared experiences, workshops, and peer support. Many of our members have attended WBC to connect with other burn survivors and their families on the journey of burn recovery. We have learned that nothing heals survivors like connecting with other survivors.

Due to the generosity of our BSONE donors, our organization is able to provide limited scholarships to attend the WBC.

To be considered for a scholarship, application must be completed and postmarked by May 1, 2025. Applications received after this deadline date will not be considered. Once all applications are received, the Scholarship Committee will review all submissions and provide applicants with the scholarship committee decisions. Scholarship award letters will be sent to the address on the application.

Despite the many scholarship applications we receive, each application will be reviewed with the care and consideration it deserves to provide each burn survivor and their family member the opportunity to attend the WBC. We look forward to hearing from you soon.

Warm Regards,

Pamela C Caira

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CEO, Burn Survivors of New England

Scholarship Committee

Pamela C Caira

Pam Guisti

Mylene Larsen

Kate Peck

Gina Russo

Rebecca Sherlock



2023

BSONE

Scholarship

Recipients

Linda Palmer

& Chinonye Omeje.



**Burn Survivors of New England (BSONE) Scholarship Application
Phoenix World Burn Congress (WBC) 2025**

**November 12 – November 14, 2025 at the
Northern Kentucky Convention Center
1W RIVER CENTER BLVD
COVINGTON, KENTUCKY 41011**

Completed form must be received no later than May 1, 2025.

Section 1: All fields must be completed.

Primary Applicant Name (as appears on REAL ID)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____ DOB ____/____/____

What is the best way to reach you? _____ Email _____ Cell Phone _____ Text Messaging

Please check your affiliation: _____ Burn Survivor _____ Family Member _____ Caregiver

Burn Injury Date: ____/____/____ Age: _____

Are you still going through reconstructive surgery? _____ Yes _____ No

Do you require any accommodations to ensure your participation? (check all that apply)

_____ hearing impairment

_____ food allergy/restrictions

_____ vision impairment

_____ mobility restrictions

T-shirt size (check one): _____ AS _____ AM _____ AL _____ AXL _____ A2XL



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Completed form must be received no later than May 1, 2025.

Section 2: All fields must be completed by family member/caregiver. If a question does not apply to you, please respond with 'N/A' (not applicable).

Secondary Applicant Name (as appears on REAL ID)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____ DOB _____ / _____ / _____

What is the best way to reach you? _____ Email _____ Cell Phone _____ Text Messaging

Please check your affiliation: _____ Burn Survivor _____ Family Member _____ Caregiver

Burn Injury Date: _____ / _____ / _____ Age: _____

Are you still going through reconstructive surgery? _____ Yes _____ No

Do you require any accommodations to ensure your participation? (check all that apply)

_____ hearing impairment

_____ food allergy/restrictions

_____ vision impairment

_____ mobility restrictions

T-shirt size (check one): _____ AS _____ AM _____ AL _____ AXL _____ A2XL

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Section 3: Scholarship History and Eligibility:

Any fields left blank may compromise your application consideration.

___ This is my first time applying for the scholarship, I have never attended WBC.

___ I have previously attended WBC.

What year did you attend? _____

What type of scholarship did you receive? (check all that apply) _____ full _____ partial

Section 4: REAL ID and travel requirements.

If one or two applicants are applying for a scholarship, both must provide a photocopy (front and back) of their REAL IDs. Please attach the copies to this application and submit them together.

The REAL ID Act establishes minimum security standards for state-issued identification cards. Beginning May 7, 2025, every traveler aged 18 or older will need a REAL ID-compliant driver's license or identification card, or an acceptable alternative form of identification (such as a passport), to fly within the United States or access certain federal facilities.

What is the closest airport for you to fly out of? _____

- **You must arrange your own transportation to and from the airport.**

Do you or anyone in your travel party require a handicap-accessible room? ___ Yes ___ No

- **A valid credit card is REQUIRED at check-in. The hotel will NOT permit check-in without one, and BNONE is unable to provide a credit card on your behalf.**

Do you require airport assistance (e.g., luggage handling, wheelchair, translator) ___ Yes ___ No

If you answered yes, please explain

Section 5: Article Submission: To be completed by first time or returning attendees:

On a separate sheet, please provide a short statement (125-250 words) explaining why attending the WBC is important to you. If you need inspiration or guidance, please refer to our Article Submission Guidelines available on our website:

**Burn Survivors of New England (BSONE) Scholarship Application
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Section 6: Photo and Media Release Consent Form: Please complete and sign. If one or two applicants are applying for a scholarship, both must sign and date the photo and media release consent form.

I hereby grant Burn Survivors of New England (BSONE) permission to use my photograph, video, or other media recordings in which I may appear, as well as any written or verbal testimonials I provide, for the following purposes:

- Website content
- Social media posts
- Promotional materials (printed or digital)
- Educational materials
- Fundraising efforts
- Press releases

I understand and agree that these materials may be used in perpetuity, without compensation, and may be edited, reproduced, or distributed in any format to further the mission of Burn Survivors of New England.

I acknowledge that all rights to the media are retained by Burn Survivors of New England, and I waive the right to inspect or approve the finished product or any accompanying written content where my likeness or testimonial appears.

I also understand that I can revoke this consent at any time by providing written notice to Burn Survivors of New England. However, I acknowledge that any materials already produced or published before such notice cannot be recalled.

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____



Burn Survivors of New England (BSONE) Scholarship Application Phoenix World Burn Congress (WBC) 2025

Section 7: Liability Waiver and Release Agreement

This Liability Waiver and Release Agreement is entered into between Burn Survivors of New England (BSONE), a 501(c)(3) nonprofit organization, and the undersigned participant and /or participants, who has applied for and/or received a scholarship to attend the Phoenix World Burn Congress. By signing this Agreement, the Participant(s) agrees to the following terms:

1. **Assumption of Risk:** The Participant(s) acknowledges and understands that attending the Event involves certain risks, including but not limited to travel-related risks, physical injury, illness, personal property damage, or loss. The Participant voluntarily assumes all risks, known or unknown, related to participation in the Event, including any activities associated with it, whether occurring before, during, or after the Event.
2. **Release of Liability:** The Participant(s) agrees to release, waive, discharge, and hold harmless Burn Survivors of New England, its officers, directors, employees, volunteers, and agents (collectively, “Released Parties”) from any and all claims, liabilities, demands, causes of action, or damages, including but not limited to injury, illness, death, or property damage, arising out of or connected with the Participant’s attendance at the Event or any travel to or from the Event.
3. **Indemnification:** The Participant agrees to indemnify and hold harmless the Released Parties from any and all claims, costs, liabilities, and expenses (including reasonable attorneys’ fees) arising out of the Participant’s participation in the Event or any associated activities.
4. **No Responsibility for Travel or Expenses:** BSONE is not responsible for any costs, damages, or losses associated with the Participant’s travel arrangements, accommodations, or other personal expenses, including but not limited to delays, cancellations, or unforeseen circumstances. The Participant is solely responsible for meeting all travel requirements, including providing a valid form of identification (e.g., REAL ID, passport) and adhering to any policies or regulations of transportation providers or the Event venue.
5. **Medical Treatment:** The Participant acknowledges that BSONE does not provide medical services or insurance coverage. Any medical expenses incurred by the Participant as a result of participation in the Event are the sole responsibility of the Participant.

By signing below, the Participant certifies that they have read and understood this Agreement, agree to its terms, and voluntarily sign it.

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____