

January 1, 2025



Dear Friends,

We are excited to announce the **George Pessotti Peer Support Scholarship**, a new opportunity offered by Burn Survivors of New England (BSONE)—a 501(c)(3) nonprofit organization. This scholarship honors one of our founding members, George Pessotti, who, for over 40 years, has dedicated his time and energy to supporting burn survivors and their families through individual and group peer support. The scholarship continues his legacy by supporting burn survivors, caregivers, and family members who demonstrate a commitment to paying it forward and making a positive impact on the burn community.

The George Pessotti Peer Support Scholarship will help individuals attend burn survivor-related events and conferences focused on healing, peer support, and community-building. Preference will be given to applicants from New England, who are passionate about making a difference in the burn community.

To qualify, applicants must be a burn survivor, family member, or caregiver, and demonstrate a commitment to peer support. Scholarships will be awarded on a rolling basis each year.

This scholarship is not fully funded, but it offers partial support for attending relevant events such as the Phoenix World Burn Congress, the BSOE New England Regional Conference, and the BSOE Gala/Luncheon, among others.

If you or someone you know might be interested in applying, please contact us for more information or visit our website to download the full application. We encourage you to apply and take this opportunity to further your healing journey and pay it forward to others in the burn survivor community.

Thank you for your continued support of Burn Survivors of New England and for helping us spread the word about his important new scholarship.

Serving Together,

A handwritten signature in black ink that reads "Pamela C. Cairra".

Pamela C. Cairra,

CEO, Burn Survivors of New England

"Your  
act of  
kindness  
will help  
heal your  
soul"

George  
Pessotti



[www.bsone.org](http://www.bsone.org)



[bsoneoffice@gmail.com](mailto:bsoneoffice@gmail.com)

## George Pessotti Peer Support Scholarship Application

**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



## George Pessotti Peer Support Scholarship Application

**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

## George Pessotti Peer Support Scholarship Application

### Section 3: Scholarship History and Eligibility:

Any fields left blank may compromise your application consideration.

\_\_\_ This is my first time applying for the George Pessotti Peer Support Scholarship.

\_\_\_ I have previously received funding for burn related events hosted by Burn Survivors of New England.

What year(s) were you supported? \_\_\_\_\_

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**

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### Section 5: Article Submission:

On a separate sheet, please provide a short statement (125-250 words) on what receiving the George Pessotti Peer Support Scholarship would mean to you. This reflection helps us understand your connection to peer support and your desire to “pay it forward,” honoring the legacy of George Pessotti. If you need inspiration or guidance, please refer to our Article Submission Guidelines available on our website:

## George Pessotti Peer Support Scholarship Application

**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: \_\_\_\_\_



## George Pessotti Peer Support Scholarship Application

### 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: \_\_\_\_\_