**2026 applicants must read and agree to the Patient Registration Scholarship Criteria found** [**here**](https://patientsaspartnerseu.com/patient-registration-scholarship-1) **before completing and submitting the application. The Patient Registration Scholarship covers the two conference days (May 19-20, 2026). It does not cover travel or accommodation related costs.**

**Contact Information:**

Name:

Email:

Phone:

Mailing Address:

**What disease area are you representing?**

**What is your connection to the disease area?** (ie: patient, caregiver)

**Have you participated in a clinical trial** (as a patient, caregiver) **or would like to participate in a clinical trial?**

**Describe your past and present involvement in patient advocacy.** (experience at group level, attendance at other meetings, constituents to share learnings with)

**What do you hope to gain from your attendance and participation at Patients as Partners in Clinical Trials?**

**Do you work or consult for a company that serves the biotech, pharma, medical device or vaccine industry?**

**Please provide your LinkedIn page URL, if applicable:**

**Have you ever received a scholarship from Patients as Partners?**

**Please sign below to confirm that you have read and agree with the Patient Registration Scholarship Criteria found** [**here**](https://patientsaspartnerseu.com/patient-registration-scholarship-1)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Date**

*For questions regarding the scholarship application, please contact* *service@tcfllc.org**.*