



FIGHT THE FLAME[®]

SUPPORTING RESEARCH, EDUCATION & AWARENESS OF RSD/CRPS

Scholarship Application

First Name _____ Last _____

Name of High School _____ Date of Birth _____ Gender _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Section 1:

Essay (500 words):

Complex Regional Pain Syndrome (CRPS) is the most painful disease known to modern medicine and yet most people have never heard of it. Many CRPS patients do not look visibly ill and are overlooked by the medical community. Anyone can develop CRPS at any point of their life.

How would you spread awareness about an invisible disease such as CRPS so that patients, families, and communities are able to find resources for support and treatment of CRPS?

Section 1:

Spreading CRPS Awareness:

Ask at least 10 people (over the age of 18) whether they have ever heard of Complex Regional Pain Syndrome?

- If they have, discover how they learned of it and what information they already know, then proceed to explain to what additional information you have learned
- If not, share the facts about the disease using the information you have researched.



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Communication Log

Applicants must teach at least 10 people (friends and family 18 years of age or older) about Complex Regional Pain Syndrome and complete the Communication Log below.

Names and contact information will not be shared with any third parties. If you are a scholarship finalist, contact information may be used to confirm that the names on the list were educated about CRPS.

	First and Last name	Did they ever hear of CRPS?	Discussion conducted by:	Phone number	Email address
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Phone <input type="checkbox"/> In Person		