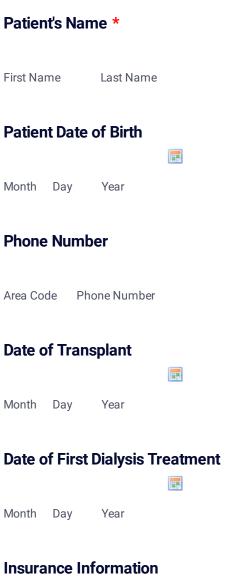


# **Patient Financial Profile**

CONFIDENTIAL



Private Insurance

AHCCCS.

Medicare

VA Coverage

No Coverage



### **Insurance Carrier Name**

**Insurance Expiration Date** 

Month Day Year

# **Treatment Facility**

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

# How long at current address?

### Home is:

Rented Owned Name and address of Landlord (rented) or Leinholder (own)

### **Marital Status**

### **Number of Dependents**

### Household is less than 400% Federal Poverty Level (see chart below)

Yes No

Household size (number living there) / 400% Federal Poverty Guidelines

1	2	3	4	5	6	7	8
\$47,520	\$64,080	\$80,640	\$97,200	\$113,760	\$130,320	\$146,920	\$163,560

# Demographic information is often required to obtain grant funding for patient programs.

This is optional, but greatly appreciated.

# Patient Ethnicity (Please choose one)

Is patient of Hispanic descent? (Please choose one)



# Patient is an enrolled member of the following tribal community, village, reservation or nation:

Please select all that apply

#### Date



# **Unit Representative Name**

First Name Last Name

### Position

Date

Date			
Month	Day	Year	





# The Peter and Bruce Bidstrup Scholarship Fund Application Form

# This is application is for:

### **Patient Name**



### Age

Patient Phone Number

Area Code Phone Number

### **Work Phone Number**

Area Code Phone Number

# **Present Employer**

### **Current Treatment Status:**



Name of Physician

Name of Social Worker

**Treatment Facility** 

**Marital Status:** 

**Education Level Completed** 

**Career Objective** 

Anticipated academic major

Name of institution

Semester for which assistance is sought



# **Registration date**

Month Day Year

# List of anticipated classes

Amount of financial assistance requested:

**Tuition:** 

Books and supplies:

Other:

Total amount requested:

Date funds are requested:



Because the National Kidney Foundation of Arizona is the last resort for tuition assistance, what other agencies have you applied to for assistance?

Do you qualify for vocational rehabilitation?

If Yes, what type of assistance are you receiving now?

Reasons you believe financial assistance should be granted?

For a scholarship interview, I would be available on:





Scholarships are based on financial need. Scholarships are awarded as funds become available and must be applied for on a semester-by-semester basis. If the scholarship is an application for continued assistance, please provide the National Kidney Foundation of Arizona with a copy of your grades for the past semester you have just completed. We also ask you to sign a Waiver of Confidentiality concerning financial records as they relate to educational costs, payments and academic records as they relate to the courses taken and grades earned.





# The Peter and Bruce Bidstrup Scholarship Fund Waiver of Confidentiality

In consideration of my application to the National Kidney Foundation of Arizona, for a scholarship I, the undersigned scholarship applicant, grant full permission to

### Name of School

to provide the following information to the National Kidney Foundation of Arizona:

- Financial records as they relate to educational costs and payments.
- Academic records as they relate to the courses taken and grades earned.

### **Scholarship Applicant Name**

First Name Last Name

#### Witness Name

First Name Last Name
Date

Month Day Year



