These scholarships are available to anyone with Parkinson’s Disease or caregivers. This scholarship application form **must be submitted to Ellen Hicks, Care Navigator of the Parkinson Association of Alabama,** atellen@parkinsonalabama.org or you may return the application via US mail to:

Parkinson Association of Alabama

 P O Box 590146

Birmingham, Alabama 35259

You will receive a response from the PAA within two (2) weeks of your submitted application.

# 1. Personal Information

Full name of applicant Nickname

Home telephone number Email address

Present home address

City State Zip

Date of birth

 **2. Scholarship Request**

What type of scholarship are you requesting? (PD Fight Club, Rock Steady Boxing, LSVT BIG/LOUD, etc.)

 **3. Name of Facility and Location:**

Address:

Contact Person and Number:

 **4. Employment:** Employed: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

 Place of Employment

# 5. Financial Need Summary

**a. Complete this section regarding Estimated Combined Net Income for the current year.**

 (all income from members in the household including spouse).

 **Name of person Income and year Total annual income**

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 **b. Describe the circumstances that affect your ability to pay for the service requested.**

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**In lieu of scholarship program requirements outlined, approval is subject to the Parkinson Association of Alabama committee review. If you have any questions, please contact Ellen Hicks, ellen@parkinsonalabama.org**

I certify that the information I have provided is complete and correct.

Done this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_.

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_