IMPORTANT! This information must be returned to: Doctors' Hospital of Michigan

Euro-Pēds

461 West Huron~Suite 406

Pontiac, MI 48341 Fax: 248-857-7102 europeds@dhofm.com

The Euro-Pēds Scholarship Program

Thank you for your interest in applying to the Euro-Pēds Scholarship Program. The program offers aid to those families who need financial assistance in paying for their child's Euro-Pēds therapy. Euro-Pēds is a specialized pediatric physical therapy clinic, located at Doctors' Hospital of Michigan, which provides unique, intensive physical therapy for children with cerebral palsy, developmental delays, and other neuromuscular disorders.

Scholarships typically range from \$100 to \$1,000 per child depending on each family's out of pocket expense for the intensive therapy program. Scholarships are limited to one per child per calendar year.

Eligibility for Euro-Pēds Scholarships

The decision of whether or not to approve a family for the Euro-Pēds Scholarship is based on a number of eligibility criteria. These criteria include:

- 1) Funds Available The amount of funding that Doctors' Hospital of Michigan currently has available for the Euro-Pēds Scholarship Program.
- 2) *Clinic* Recommendation The Euro-Pēds staff's assessment of how likely the child is to benefit from the Euro-Pēds treatment.
- 3) Demonstrable Parent/Guardian Involvement Evidence of parent/guardian commitment to helping the child and funding.
- 4) Financial Need Information provided by the family demonstrating the necessity for financial assistance.

What Euro-Pēds Scholarships Will Fund

Euro-Pēds scholarships cover only medical/therapeutic services rendered by the Euro-Pēds Clinic. They do not cover other expenses such as travel, lodging or food expenditures.

Applying for the Euro-Pēds Scholarship

To apply for a scholarship, please complete the Application and Media Release found on the following pages and return copies of each to the Euro-Pēds Clinic. Completing the Application will answer most of the questions required for the decision-making process.

Guidelines

Scholarship applications must be received by the Euro-Pēds Clinic at least 2 weeks prior to the start of therapy. Euro-Pēds Scholarships will only be awarded once a treatment date is set at the Euro-Pēds Clinic. This ensures that your child first medically qualifies for the therapy before financial assistance is determined. You may apply for a scholarship before scheduling a date with the clinic; however, a decision regarding funding will not be made until after you provide us with your child's scheduled clinic appointment date.

Once a scholarship is awarded, it will be honored for up to 6 months from that date. If treatment is not attended within six months of scholarship approval, a new application will be required. Euro-Pēds and Doctors' Hospital of Michigan reserves the right to make changes to the scholarship amount should there be any changes in the out-of-pocket expenses associated with the Euro-Pēds therapy.

<u>Application for the Euro-Pēds Scholarship</u>
Scholarship applications must be received by the Euro-Pēds Clinic at least 2 weeks prior to the start of therapy.

PLEASE PRINT		
Parent Name(s):		
Child's Name:		
Child's Birth Date:		
Address:		
	State:	
Telephone:	Email Address:	
Fax:		
Start date of child's treatment so	ession at Euro-Pēds Clinic (if available) :
	ding your financial need for assistance include demonstration of any prior fu	
Other Comments:		

Media Information

How You Can Help Us:

By providing the information below, you allow the Euro-Pēds Clinic to notify local media outlets in your area about your child's affiliation with the Euro-Pēds Scholarship Program in order to publicize the opportunity for members of your community to donate to the program. This will help us continue to fund scholarships in the future. To assist us, please include below a list of local media outlets who you would recommend that we contact.

Television:	Name of Station or Call Letters	City, State
Radio:	Name of Station or Call Letters	City, State
Newspapers:	Name of Newspaper	City, State
Websites/Ot	her:	
Media Relea	se:	
I,permission for radio stations,	r the Euro-Pēds Clinic to inform local media ou websites, etc of my child's involvement and trea	, hereby give tlets including newspapers, television, atment through the Euro-Pēds Clinic.
Signed:		Date:

Please mail us copies of any articles that cover your child or fundraising for your visit. Thank you!