

Strength in optimism. Hope in progress.

APDA's mission: Every day, we provide the support, education, and research that will help everyone impacted by Parkinson's disease live life to the fullest.

APDA Midwest offers a Patient Aid Scholarship Program designed to provide financial support to people with Parkinson's disease (PD) and their families, who are in need of financial assistance for programs, services and/or activities listed below. Approved applicants will be granted up to \$500.00 once per calendar year (January – December). Funds are limited and will be awarded on a first come basis.

- **Exercise/Wellness:** Supports costs associated with exercise/wellness programs and activities that focus on improving and maintaining the health for persons with PD, such as, but not limited to: boxing, dancing, yoga, tai-chi, physical therapy, occupational therapy, music therapy, etc.
- **Medication:** Defrays expenses not covered by other programs or health insurance.
- **Respite/Adult Day Program:** Subsidizes the cost of respite care for the person with Parkinson's disease, to enable care partners to take time away to rejuvenate.
- **Assistance at Home:** Supports expenses for home services, such as housework, light yardwork, snow shoveling, and other tasks that a person with PD or a care partner are not able to complete.
- **Transportation:** Subsidizes costs associated with travel to and from doctor's appointments, support groups, and other events for those who are no longer driving or for whom driving is significantly limited due to the effects of Parkinson's disease.
- **Childcare Assistance:** Subsidizes the cost of childcare for people with Parkinson's.
- **Adaptive Equipment:** Offsets costs associated with the purchase and/or installation of equipment or modifications needed in the home to aid in activities of daily living, such as, but not limited to: grab bars, hand rails, widening doorways, bathroom accessibility, etc.

Instructions:

- Complete Patient Aid Scholarship Program Application
- Mail or email the completed application along with required documentation to:
APDA Midwest Chapter
1800 North Main St, Ste 215
Wheaton, IL 0187
apdamidwest@apdaparkinson.org

Applications are reviewed on a rolling basis and applicants will be notified within sixty (60) days of receipt. These scholarships are awarded on a first come basis and are based on availability of funds. The program is subject to change or discontinuation with limited notice.

For information about Parkinson's disease and/or information and referrals to services in the community, please contact APDA's Information and Referral Center at 773.416.8888.

If you have any questions or like information about events and volunteer opportunities, please contact the chapter at 773.416.9292 or apdamidwest@apdaparkinson.org.

Applicant and Care Partner Information

("Applicant" has Parkinson's disease or Parkinsonism diagnosis)

Total Amount Requested: \$

Up to \$500.00 one-time payment per calendar year (January-December) can be awarded.

This scholarship is intended to be used for the following program(s) (check all that apply):

Exercise/Wellness

Medication

Respite/Adult Day Program

Assistance at Home

Transportation

Childcare

Adaptive Equipment

APPLICANT Full Name:

To better understand the people we serve,
please provide the Applicant's:

DOB

Year of
Diagnosis

CARE PARTNER (if applicable) Full Name:

Care Partner Relationship to Applicant:

Address:

City:

State:

Zip Code:

Phone: Applicant

Care Partner

Email: Applicant

Care Partner

Have you applied for this scholarship or any other related financial award from APDA in previous years? Yes No

If Yes, and Parkinson's disease diagnosis can be verified by physician on previous paperwork submitted for an APDA Program, then the Physician Confirmation section can be left blank.

Physician Confirmation:

The applicant is currently under my care and has a diagnosis of Parkinson's disease or Parkinsonism.

Physician Name (please print):

Healthcare Institution:

Phone:

IMPORTANT: Physician's Stamp must be on application, or a separate letter from physician confirming the applicant's PD diagnosis on the physician's letterhead along with their signature can be attached.

**Physician Letter Attached, or
Physician Stamp **

