AMERICAN PARKINSON DISEASE ASSOCIATION
Strength in optimism. Hope in progress.

Financial Support Program

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 is pleased to offer a Parkinson Scholarship Program which provides financial assistance to people with Parkinson's disease (PD) and their families. Approved applicants will be eligible to be provided up to a $300 scholarship once per calendar year (January-December). Scholarships may be used for programs, services and/or activities designed to improve quality of life.

Scholarship applications are reviewed on a rolling basis and applicants will be notified within sixty (60) days of receipt. 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.

Eligibility Guidelines:

To qualify for this Parkinson Scholarship Program, the applicant will:

- Complete and submit the entire application.
- Attest to having a diagnosis of Parkinson's disease or Parkinsonism.
- Understand this program is intended to support persons with Parkinson's disease in need of financial assistance.
- Reside within Arizona
- Reside in the community, not in a rehabilitation center or long-term care, skilled nursing facility.

Instructions:

1. Complete Parkinson Financial Support Program
2. Mail or email the completed application to:

   PO Box 5447
   Yuma, AZ 85366

   Lesquer@APDAParkinson.org

If you have any questions, please contact us at Lesquer@APDAParkinson.org or 928-200-1192.

Applicant and Care Partner Information
("Applicant" is the person diagnosed with Parkinson's disease or Parkinsonism)

Applicant Full Name: _____
☐Check if applicant is the Primary Contact

Year of Diagnosis: _____

Birth Year: _____

Care Partner Full Name (if applicable): _____
☒Check if the Care Partner is the Primary Contact

Care Partner Relationship to Applicant:_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Applicant _____ Care Partner _____

Email: Applicant _____ __ Care Partner _____

Total Amount Requested: $ _____

(Up to a $300 one-time payment per calendar year can be awarded (January-December)

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

Applicant Consent:

I understand and agree (please check each box):

☐ To the guidelines and requirements of this program and request financial assistance from the APDA.

☐ That the applicant/care partner is solely responsible for choosing the provider for the programs, services and/or activities this scholarship is intended to be used for and that APDA assumes no responsibility for choice of provider.

☐ That any additional expenses beyond the approved amount will be the applicant's sole responsibility.

Release of Liability: On behalf of myself, my heirs, successors, and assigns, I hereby forever release, indemnify, and hold the APDA, its officers, directors, employees, and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to, my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

The applicant and, if applicable, a care partner (or someone who is legally authorized to sign on his/her behalf) must sign or make some mark indicating their agreement of the guidelines and requirements as mentioned above.

Signature:

My signature below indicates I have read and understood the eligibility and terms outlined above and confirm the applicant has a diagnosis of Parkinson's disease or Parkinsonism.

_____ Click here to enter a date.
Applicant's Signature Date

_____ Click here to enter a date.
Care Partner Signature (if applicable) Date

FOR APDA USE ONLY:

Date received: Click here to enter a date. Date approved: Click here to enter a date.
All application requirements received: Choose an item. Amount Approved: $
Date scholarship payment was issued: Click here to enter a date.
2022-v4.0