



VIP Scholarship Fund Application

Basic Information:

Full Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Please check all that apply:

Active Duty Military Veteran, Branch: _____ Low Income

Therapy Information:

*All applicants must have completed a Therapy Evaluation prior to submitting application.

Injury/Reason for Therapy: _____

Estimated Length of VIP Therapy: _____

Past Therapy Experience, if any: _____

Therapy Goals, if any: _____

Financial Information:

Annual Household Annual Income: _____



How a VIP Scholarship would benefit you: _____

Personal Story:

Please share a short description about yourself: _____

By signing below, I acknowledge the above information to be true and accurate. Additionally, should I be awarded a VIP Scholarship, I agree to have my Personal Story (above) shared on the VIP website and with grant donors who support the VIP Scholarship Fund.

Signature: _____

Printed Name: _____

Relationship to Patient, if other than Patient: _____

Date: _____

Please email completed form to david.vipneuro@gmail.com or return to VIP Staff.



Thank you for applying to the VIP Scholarship Fund!

All applications will be reviewed by our Board of Directors and awarded based on need and availability. Should you receive a scholarship, awards will be credited to the patients account to be used directly toward Therapy Session costs.