**Amy's Heart Treatment Scholarship Application Information**

Amy's Heart Treatment Scholarship strives to offer need-based financial assistance to individuals with an eating disorder diagnosis seeking outpatient treatment. It is our hope that helping with treatment intervention on this level can lead to a decreased need for higher-level care. While it is our goal to help all that are seeking assistance, our ability to offer aid is limited by the availability of funding provided through donations. It is meant to subsidize treatment costs but not necessarily cover the entire cost of treatment.

**Financial Award Criteria**

1. Applicants must have an eating disorder diagnosis or are being evaluated or assessed for an eating disorder by a licensed health or mental health professional.
2. DSM V diagnosis that scholarships will consider: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding or Eating Disorder
3. The financial award's intent is to assist in the cost of outpatient treatment, and all monies will be paid directly to the provider.
4. The provider is chosen by the individual seeking financial assistance and not by Amy's Heart.
5. The provider must specialize in the treatment of eating disorders.
6. The provider must be willing to speak to a representative of Amy's Heart to secure payment method.
7. No information regarding the applicant shall be shared between the provider and representative of Amy's Heart outside of a payment arrangement. At no time will the applicant's personal, medical, or therapeutic information be shared between the provider and any Amy's Heart representative per HIPPA law.
8. Financial awards are not intended to cover payments for past treatment.
9. Applicants may apply for assistance in consecutive quarters to ensure continuity of care and must resubmit all required documents.
10. Currently, scholarships are intended for residents of Montgomery County, TX and surrounding areas. All applications will be reviewed on a case by case basis.

**Application Committee**

The Application Committee is comprised of members of the community who have been recommended and approved by the Board and may include members of the Board. The applicant's name will not be visible to the committee. Any committee member familiar with a current applicant must recuse themselves from the voting process.

**Process for Reviewing Applications**

Once an application has been received, the application will be reviewed for any missing or confusing information. If additional information is needed, the applicant (or parent/guardian) will be contacted by the founder of Amy's Heart, Nora Coulter.

To ensure that all applications are reviewed thoroughly, with all required supporting documents, the application must be received by the quarterly deadline.

The applicant’s name, and identifying information will be hidden from the scholarship committee to protect the applicant’s privacy.

The Application Committee will review all applications for the quarter shortly after the application is received. You will be informed of the date of the review and when you can expect a response.

The Application Committee will review all applications and make the final decision based on the following criteria:

* Urgency of need
* Financial need
* Commitment to treatment

Scholarship amounts are based on the criteria listed above, the number of applicants, available funds, and the potential cost of treatment.

Financial awards are distributed on a quarterly schedule:

First Quarter:

Applications received by November 30, will be eligible for a treatment scholarship for the months of:

January

February

March

Application received by February 28, will be eligible for scholarships for the months of:

April

May

June

Applications received by May 31, will be eligible for scholarships for the months of:

July

August

September

Applications received by August 31, will be eligible for scholarships for the months of:

October

November

December

The application committee reserves the right to make any exception to the criteria as deemed necessary.

**Instructions for the Completion of Scholarship Request Form**

The individual with the eating disorder should be the one to complete the requested information. If the applicant is a minor, a parent or guardian may help in the completion of the forms. The parent or guardian must sign the consent form.

All forms must be scanned and emailed to [scholarship@amysheart.org](mailto:scholarship@amysheart.org)

As part of the application process we will require documentation of the diagnosis and treatment recommendation from the provider with whom you are seeking treatment. Your provider should indicate the best means to reach them to secure confirmation of treatment and payment arrangements. To ensure confidentiality, you must sign a release of information for each of your providers.

If there are questions regarding any of the application process, please contact Nora Coulter at [scholarship@amysheart.org](mailto:scholarship@amysheart.org)

**Amy’s Heart Scholarship Application**

Date:

**Applicant Information**

Name:

Date of Birth:

Address:

City, Zip Code:

With whom do you reside and what is their relationship to you

Telephone Number (Best contact):

Email:

How do you prefer to be contacted?

**Employment Information**

Occupation:

Number of hours worked a week:

How long employed there?

If a student, school and year:

**Insurance**

Name of Insurance Company:

What portion of your treatment will it cover?

How much can you contribute toward your treatment?

**Health**

What is your current diagnosis?

How is your current physical health?

Who are your treatment providers or who are the providers you wish to see?

How often (times per month) is it recommended you see these providers?

Have you been admitted to a treatment facility in the past? (If yes list locations and dates)

I believe all information provided is true and accurate. I agree that if there is a change in my situation, I will immediately inform Amy’s Heart.

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Applicant Signature

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Guardian/Parent of Applicant (If under 18)

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Date

Other forms needed to complete application:

In your words, please share how your eating disorder has impacted your life, your commitment to treatment, and your treatment goals.

Please provide the following documents to help us determine your financial need:

Proof of income

Cost of major living expenses (rent/mortgage, car note, student loan, etc. )

Minors or dependents

A signed release of information from your provider to confirm treatment and make payment arrangements.

Helpful but not required documents:

Letters of recommendation from a treatment team member, family member, friend, teacher, etc.