

**IMPORTANT! This information must be returned to: Doctors' Hospital of Michigan
Euro-Pēds Clinic
461 West Huron
Pontiac, MI 48341**

North Oakland Foundation

Applicant Information for the “Adopt a Euro-Kid” Program

Thank you for your interest in the “Adopt a Euro-Kid” 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 neuro-motor disorders. The North Oakland Foundation is an independent non-profit organization which offers funds for Euro-Pēds patients, as well as many other healthcare projects in the greater Pontiac, Michigan area.

“Adopt a Euro-Kid” Scholarships

Currently, the Foundation’s funds for the “Adopt a Euro-Kid” Program are limited. However, we employ our best effort to assist as many children as we can in receiving this unique treatment. To this end, we offer scholarships ranging from \$250 to \$1,500 per child. Scholarships are limited to one per child per calendar year.

Eligibility for “Adopt a Euro-Kid” Scholarships

The Foundation works closely with the Euro-Pēds Clinic in order to select children to benefit from the scholarships. Our decision on whether or not to approve a family for the “Adopt a Euro-Kid” Scholarship is based on a number of eligibility criteria. These criteria include:

- 1) *Funds Available* - The amount of funding that the Foundation currently has available for the “Adopt a Euro-Kid” Program.
- 2) *Clinic Recommendation* - The Euro-Pēds Clinic 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 from the Foundation.

What “Adopt a Euro-Kid” Scholarships Will Fund

“Adopt-a-EuroKid” 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 “Adopt a Euro-Kid” Scholarship

To apply for a scholarship, please complete the Application, Medical Release, 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. You will not need to include any other attachments. In addition to the information you provide in this application, information requested by the Euro-Pēds Clinic itself will be considered.

Guidelines

Scholarship applications must be received by the Euro-Pēds Clinic at least 2 weeks prior to the start of therapy. The Foundation is only able to confirm the grant of a scholarship once a treatment date is set at the Euro-Pēds Clinic. This ensures that your child first qualifies for the therapy medically before financial assistance is determined. You may apply for a scholarship before scheduling a date with the clinic. However, the Foundation will not be able to make a decision regarding funding 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. The Foundation 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.

Application for the “Adopt a Euro-Kid” Scholarship

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: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Fax: _____

Start date of child’s treatment session at Euro-Pēds Clinic (if available): _____

Please provide comments regarding your financial need for assistance from the Foundation. This may include demonstration of any prior fundraising efforts in which you have engaged:

Other Comments:

Please complete, sign and return the following release forms with your application.

Medical Information Release - Allows the Foundation to discuss your child's medical information with the Euro-Pēds clinic regarding anticipated benefit from treatment.

I, _____, hereby give permission for the Doctors' Hospital of Michigan Euro-Pēds Clinic to discuss my child's medical information and their opinions regarding treatment with the North Oakland Foundation. I understand that this information will be used solely for the purpose of making a determination on funding through the "Adopt a Euro-Kid" Program, and will not be released to any other party for any reason.

Signed: _____ Date: _____

Please Return Application, Medical Information Release, Media Information and Release to:

**Doctors' Hospital of Michigan
Euro-Pēds Clinic
461 West Huron Street
Pontiac, MI 48341**

