

Averio Health Institute Scholarship Application

Averio Health Institute offers a scholarship program for those who have genuine health concerns and financial hardship. The scholarship offers financial assistance to patients who wish to not only work on their health concerns, but pursue sustainable, exceptional health. The term of a scholarship is for one Averio Weeklong Program. General guidelines of the scholarship are as follows, please read thoroughly:

- Before a patient will be considered for a scholarship, all below items (considered a completed application) must be submitted at least 4 weeks prior to your scheduled program start (NO EXCEPTIONS). **You must reserve your program spot with a confirmation deposit, prior to sending in your completed application, to be considered for scholarship.** Please allow up to 2 weeks for review of a completed application.
 1. **Scholarship Application Form:** a completely filled out application must be submitted.
 2. **Proof of Financial Hardship:**
 - i. Last year's 1040 tax return
 3. **Letter to the Scholarship Committee on why you are an ideal candidate for scholarship.**
- You must pay for your first Averio Weeklong Program in full (this expectation renews each calendar year). Acceptable methods of payment are cash, check, credit/debit card or Care credit.
- The first awarded scholarship for the calendar year may be up to the full amount of the program, minus the non-refundable, non-transferrable confirmation deposit.
- Scholarship patients must attend all educational classes during their program week(s) or forfeit their scholarship, unless directed otherwise by an AHI doctor.
- Scholarship may only be used towards an active care plan at AHI.
- A second scholarship for a recommended Averio Weeklong Program, within that calendar year, may be applied for at the successful completion of the patient's previous Averio Weeklong Program.
- Any awarded scholarship for a program, that program spot may only be rescheduled once, and in the same calendar year. Further rescheduling, or cancelling, will void the scholarship. Failure to reschedule with advance notice per the Averio Weeklong Program cancellation policy, will void scholarship funds for that program week.
- The term of a scholarship is for one Averio Weeklong program.
- Patients that have received two program weeks of scholarship towards an active care plan, may not reapply for scholarship in that calendar year.
- All scholarship recipients agree to provide a review regarding their experience at AHI.
- Each calendar year offers scholarship potential for patients with active care plans, even if full scholarship was approved the previous calendar year. You must pay for your first Averio Weeklong Program in that calendar year, before you are applicable to be considered for scholarship(s) within that calendar year.

Name: _____

Date: _____

Address: _____

Email Address: _____

Cell Phone: _____ Home/Work Phone: _____

Applicant's household annual gross income: \$ _____

(Check one) _____ employed _____ on disability
 _____ retired _____ unemployed

Is any part of your Averio program being funded by another party? \$ _____

Have you received Scholarship funds before?

- ____ Yes, in this calendar year
- ____ Yes, not in this calendar year
- ____ No

Last Scheduled Program date at AHI: _____

Scheduled date of arrival to AHI: _____

I understand that scholarships are awarded at the sole discretion of AHI and are subject to available funds. I understand that the approval of a scholarship will depend upon the satisfactory completion of the previous program. I have read, understand, and agree to follow all of the guidelines outlined above. I understand that if I am awarded a scholarship, that the information that I was awarded a scholarship be held in confidence as funds are limited and not all applicants will be granted scholarship. I further understand that AHI uses electronic signature and agree that if I use an electronic signature below, that I have consented to the use of electronic signature method to sign this application, which action will have the same legally binding effect as signing my signature using paper and pen. (I understand that I can revoke this electronic signature method at any time by submitting the request in writing and faxing it to our office). I affirm that all my declarations and submissions are truthful and honest.

Applicant signature

Date