



**Tabitha S. Grier Medical Assistance Fund
for U.Va. School of Nursing Alumni
Application**

Full Name: _____

Complete Address: _____

Phone Number: _____ **E-mail Address:** _____

Last Four Digits of SSN: _____ **Date of Birth:** _____

Nursing Class Year(s) and Degree(s): _____

Annual Income from all Sources (*attach documentation*):

1. *Salary:*
2. *Social Security:*
3. *Pension:*
4. *Other sources:*

What are your current health circumstances, conditions, or disease processes?

How does this condition affect your self-sufficiency: including financial, cognitive, mobility, energy, and mental health?

Are you independent in your ADLs or do you require assistance?

What health care providers do you utilize for your care: primary care provider, physician specialist, medical or specialty clinic?

Application to Grier Medical Assistance Fund, page 2 - Name: _____

Please describe any significant medical expenses you have that are not covered by insurance, Medicare, Medicaid, or other sources.

What over venues have you used for medical assistance and what is the status of these requests?

Specifically how do you anticipate that you would spend any funding that you receive?

What other compelling circumstances should the Grier Fund review committee take into account?

Signature of Applicant: _____ Date: _____

Please attach a letter from your primary physician and documentation of income from all sources.

Complete applications should be sent to:
U.Va. School of Nursing Alumni & Development Office
Grier Fund
P.O. Box 801015
Charlottesville, VA 22908-1015
(434) 982-3699