



Financial Support Program

ReBloom's mission is to provide a welcoming community space where all people impacted by Parkinson's disease can have continuous access to high quality diverse exercise programs, voice training, a support group, and educational resources to preserve quality of life.

ReBloom is excited to offer a scholarship to people with Parkinson's disease living in our community. Approved applicants will be eligible for up to \$500 once per calendar year (January-December). Scholarships may be used for ReBloom Services or durable medical equipment that is not covered by your medical insurance.

Applications will be reviewed on a rolling basis and applicants will be notified within 30 days of receipt. Scholarships are awarded on a first come basis and availability of funds. Please note that the program is subject to change or discontinuation at any time and with limited notice.

To qualify for this program the applicant will:

- Complete and submit the application form on the following page.
- Attest to having Parkinson's disease or a related disease.
- Understand this program is intended to support persons with Parkinson's in need of financial assistance.
- Reside in the community within St. John's County, Florida.

Instructions:

1. Complete the Financial Support Form and mail or email to:

The ReBloom Center
505 Hoot Owl Crt
St. Augustine, FL, 32080

melanie@re bloomcenter.org

If you have any questions, please contact Melanie at melanie@re bloomcenter.org or 904-501-8779

Applicant Information (“applicant” is the person diagnosed with Parkinson’s or a related health condition)

Applicant full name: _____

Year of diagnosis: _____ Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant or Care Partner Phone: _____

Applicant or Care Partner Email: _____

Total Amount Requested: \$ _____

(Up to \$500 per calendar year can be awarded anytime between January and December)

Have you applied for this scholarship before? No Yes

Applicant Consent:

I understand and agree (please check each box):

- To the guidelines and requirements of this program and request financial assistance from ReBloom

- Any additional expenses beyond the approved amount will be the applicant's sole responsibility.

Release of Liability: *On behalf of myself, I hereby forever release, indemnify and hold the ReBloom Center and its officers and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs and expenses arising from or in any way related to my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.*

The applicant (or legally authorized care partner) must sign or make a mark indicating their agreement to the guidelines and requirements as mentioned above. My signature below indicates I have read and understood the eligibility and terms outlined above and confirm that the applicant has a diagnosis of Parkinson’s or a related disease and is in need of financial support.

Signature: _____ **Date:** _____