

K. R. Shah Foundation

In order for us to consider your request this form must be completed and returned. Your signature authorizes K. R. Shah Foundation to verify information provided in this financial statement, to obtain a credit report and/or other financial information. We do not ask for SSN initially. Only if we determine that we need to obtain a credit report and/or other financial information, we will contact you to provide us with additional information.

Please mail all application materials to:

K. R. Shah Foundation
921, Coulwood Drive
Charlotte, NC – 28214-1305

We prefer that all application materials be mailed as one package. We cannot confirm receipt of your application; therefore we recommend you use a delivery confirmation and tracking system, such as the USPS registered mail.

Awards are for the current calendar year only and are paid directly to the recipient's healthcare institution.

K. R. Shah Foundation

Mail Application for scholarship to:
K. R. Shah Foundation
921, Coulwood Drive, Charlotte – NC – 28214-1305

PLEASE TYPE / PRINT ALL INFORMATION

PERSONAL DATA

Name _____
Last First MI

Mailing Address _____

Home Phone/Work Phone _____

Cell Phone _____

Email address _____

Permanent Address If Different From Mailing Address _____

Date of Birth _____

Employer _____

Position _____

Date of Employment _____

Does your employer offer insurance (Yes/No) _____

Number of Dependents _____

Total Number in Household _____

Monthly Income:

	<i>Patient</i>	<i>Other</i>
Employment (Gross Wages)		
Unemployment		
Bonuses/Tips		
Public Assistance		
Social Security/Pensions		
Worker's Compensation		

Alimony/Child Support		
Other Sources		
Total Monthly Income		

Healthcare Monthly Expenses

	<i>Patient</i>	<i>Other</i>
Prescriptions		
Doctor's Visits		
Health Insurance		
Regular Tests		
Other Medical Expenses ¹		
Total Healthcare Monthly Expenses		

Current Healthcare Issue:

Please provide detailed explanation of current healthcare issue.

¹ Please provide detailed explanation of charges on separate sheet of paper.

Additional Information:

If you expect a change in income, health, and other circumstances or cannot provide the requested information, please explain. Also, if you indicate that you have no income; please explain how you meet your day to day expenses.

DECLARATION (Must be signed for application to be considered)

I declare that the information provided above and attached is both accurate and truthful, and I will refund my scholarship if it is not.

Signed: _____ Date: _____