



## Scholarship Application Form

### Personal Information:

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Annual Household Income:

Guarantor Household Income:

Number of Dependents in the Household:

Any Special Financial Circumstances (please explain):

### Questions:

- Please provide a brief description of the reasoning to request a scholarship, including your financial guarantor's reasoning (if warranted). (Max 500 words)
- What amount are you able to apply towards treatment daily?
- How much of treatment cost are you requesting coverage of?

### Financial Documentation:

Attach proof of annual household income (e.g., tax returns, pay stubs).

- 3 Paystub
- Last year's tax return
- Employment Verification/ Reference



Patients applying for the OCD Institute Texas Scholarship must demonstrate readiness for treatment, including engagement in Exposure and Response Prevention (ERP) therapy for a minimum of six months prior to applying. Additionally, applicants must provide a referral from their current healthcare provider endorsing their readiness for intensive treatment at our facility.

Have you completed at least six months of ERP?

Please provide your providers contact information (and complete an ROI for them):

Provider Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Please provide a summary of the ERP work you have been doing and how you know you are ready for this level of care:

*Acknowledgment and Consent:*

By submitting this application, I affirm that the information provided is accurate and complete. I understand that any false statements or misrepresentation will disqualify me from consideration. I understand that false statements or misrepresentation may lead to the revoking of the scholarship if approved. I understand the scholarship requirements as it relates to the facility policy and rules. I hereby authorize OCD Institute | Texas to verify the information provided and to contact the references listed. All applications will be reviewed by the Scholarship Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

