

vHL Connections

61 Waukomis Lake Road

Corinth, MS 38834-8818

APPLICATION FOR NIH FINANCIAL ASSISTANCE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

TEL # (DAY): _____ (EVENING): _____

DATE SCHEDULED FOR NIH: (Please attach a copy of NIH schedule)

NIH CLINICS ASSIGNED TO: _____

MEMBER OF vHL Connections: YES _____ NO _____

I am applying for financial assistance to travel to NIH for screening / follow up. I understand that financial assistance will be provided based on availability of funds and determined need. If I am unable to complete travel for the appointments I have listed above, I will return any funds given to me by vHL Connections. I understand that my application will be reviewed by the vHL Connections Board of Directors and I will be notified of their decision within 14 days of submission of a completed application.

Signature of Applicant

Your Application has been: APPROVED _____ DENIED _____

Signature of vHL Connections Board Member

Any information provided will not be disclosed without written authorization of applicant.