



Eating Disorder Recovery Support

EDRS TREATMENT FUND APPLICATION

Name of Scholarship Applicant: _____

Address: _____

State: _____ Zip code: _____ E-mail: _____

Daytime phone/Cell: _____

Name of Health Care Provider: _____

Title/Specialty: _____ Professional License Number: _____

Address: _____ State: _____

Zip code: _____ E-mail: _____

Daytime phone/Cell: _____

Scholarship Amount: \$500.00

Each scholarship is for \$500.00. In order for the scholarship to be approved, practitioners must agree to a sliding scale of \$50.00 for ten 50-60min sessions or 20 groups at \$25.00 per group. The practitioners' portion can be found on EDRS.net. This must be completed with this form. Note, this scholarship can be used to combine group and individual treatment as well as split between providers. If it is split, both providers will need to fill out a provider portion of the scholarship application.

Number of Sessions: _____

Individual: _____

Number of Sessions: _____

Group: _____

Please state your reason for seeking treatment and your financial needs below. In addition, please attach an annual tax documentation, a W2, or current pay stub. _____

SIGNATURE: _____ DATE: _____

Please add any additional information that would be helpful for us to know.

Applicants must have a diagnosis of an eating disorder, or be seeking assessment for one. The EDRS Scholarship Committee will provide funds upon approval, to the Provider. The Provider is responsible for reporting back to EDRS that the funds were used, or portions were used/unused, and the progress of the scholarship recipient. Any unused funds are agreed to be returned to the EDRS scholarship fund. Applications may be mailed to the following address or submitted by email.

EDRS TREATMENT SCHOLARSHIP FUND
Attention: Scholarship Committee
911 Lakeville Street, Suite 217 Petaluma, CA 94952
Email EDRS Treasurer: wertangel@aol.com
EDRS Phone: 855-LUV-EDRS (855-588-3377)
Web page: EDRS.NET

FOR OFFICE USE:

RECEIVED: _____ REVIEWED: _____ RESPONSE SENT: _____

AMOUNT APPROVED: _____ TYPE: _____

NOTES: _____