



**Tabitha S. Grier Medical Assistance Fund  
for U.Va. School of Nursing Alumni  
Application**

**Full Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Last Four Digits of SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Nursing Class Year(s) and Degree(s):** \_\_\_\_\_

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**Annual Income from all Sources (attach documentation):**

1. *Salary:*
2. *Social Security:*
3. *Pension:*
4. *Other sources:*

What are your current health circumstances, conditions, or disease processes?

How does this condition affect your self-sufficiency: including financial, cognitive, mobility, energy, and mental health?

Are you independent in your ADLs or do you require assistance?

What health care providers do you utilize for your care: primary care provider, physician specialist, medical or specialty clinic?

Application to Grier Medical Assistance Fund, page 2 - Name: \_\_\_\_\_

Please describe any significant medical expenses you have that are not covered by insurance, Medicare, Medicaid, or other sources.

What over venues have you used for medical assistance and what is the status of these requests?

Specifically how do you anticipate that you would spend any funding that you receive?

What other compelling circumstances should the Grier Fund review committee take into account?

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a letter from your physician and documentation of income from all sources.*

**DEADLINE: August 1 for consideration for awards made in the fall.**

*Return all application materials to:*

Grier Fund • Alumni & Development Office  
U.Va. School of Nursing  
P.O. Box 800826  
Charlottesville, VA 22908-0826