

Via Veritas Fertility Center

Application for Scholarship

Scholarship Opportunities

Through generous donations, we now offer a Scholarship Fund for new clients in need of financial assistance.

If you would like to apply for financial assistance to cover Creighton Model Fertility *Care* Services, please scan a completed application and “Thank You” letter of acknowledgement to ViaVeritasFertility@gmail.com.

Demographics

Full Name:

Phone Number:

Age:

Email Address:

Mailing Address:

Household gross income for last year (Mark with X below):

<\$20,000 \$20,000-40,000 \$40,000-60,000 \$60,000-80,000 >\$80,000

Interest in Program

What (if any) methods of Natural Family Planning have you used in the past?

Why are you interested in learning the Creighton Model System?

Do you plan to utilize NaProTechnology Services? For what reason?

Need for Scholarship

Why are you requesting financial assistance for services?

What type of financial assistance would you need in order to participate in the program?

Are there any other factors that should be considered in assessing your need for a scholarship?

Commitment to Your Care

By requesting scholarship assistance, you are indicating your commitment to learning the Creighton Model System. Please indicate below the amount that you feel you can pay for FertilityCare Services.

I can pay the following amount (per follow-up): \$ _____

I am willing to commit to eight (8) follow-ups with my CrMS FertilityCare Practitioner:

If my commitment to follow-ups goes unfulfilled, I understand I will be asked to return the scholarship funds in the amount received for services:

If your financial circumstances change, we encourage recipients to pay back into the fund as donors in order to continue providing this opportunity for as many applicants as possible. We commend you for your commitment to your care and for investing in your future. We appreciate your consideration to support others if it becomes possible.

Acknowledgement and Submission of Application

In order to be considered for the scholarship support, please write a thank you letter to the donors of the Scholarship Program. Please submit your thank you note with the completed application and indicate its completion in the box below. Your FertilityCare Practitioner will share the thank you note with the Scholarship Program donors.

Donor thank you letter attached and completed:

Signature of Applicant: _____

Date: _____

