

Hough Center for Adolescent Health at Beaumont Children's The Kirsten Haglund Foundation Children's Miracle Network Scholarship Application Form

Please complete all background information below:

- Name:
- Age:
- Address:
- Date of birth:
- Contact information (phone, email):

Please complete all medical information below:

- Height and Weight: **(May be provided by Hough Center following receipt of a Release of Information Form)**
- Date and description of most recent lab work (eg.CBC, Electrolytes): **(May be provided by Hough Center following receipt of a Release of Information Form)**
- Describe all eating disorder symptoms you have experienced within the last month:



- Provide history of eating disorder treatment, including dates and locations of past treatment, dates and locations of past hospitalizations or partial hospitalizations, any outpatient care received and where: (Include physicians, therapists, dieticians and support groups) (Use additional space as needed)

- List other medical and/or behavioral health issues/diagnoses and include history of treatment as above: (Use additional space as needed)

- List current medications: (if any)

- List current treatment team of professionals you are seeing and frequency of visits:

Please complete all insurance information below, if applicable:

- Primary Insurance Company:

- Name and Date of Birth of Insured:

- ID Group Number:

- Member Services Number:

- Employer of Insured:

- List Annual Deductible and Co Pay: (specify remaining deductible)

4) If you have been in treatment in the past, what do you feel have been the barriers (if any) in your recovery process?

5) Are there any barriers that might prevent you from beginning or continuing treatment? Please explain.

6) How would receiving a scholarship benefit you in your recovery journey?



Beaumont



Thank you for your scholarship application.

Please sign below in order that the Kirsten Haglund Foundation/ Hough Center for Adolescent Health at Beaumont Children's may process your application.

I _____, state the above information on this application is complete and true to the best of my ability.

Please Type/Print Name of Applicant

Date

(Applicant under 18, MUST be co-signed by parent or legal guardian) Date

Scan and Email completed application, to: misskhaglund@gmail.com

The Kirsten Haglund Foundation will notify you that we received your completed application. It is possible, that you will be contacted for further evaluation to determine your scholarship recipient eligibility.