



# INHIBITOR SUPPORT TUTORING/EDUCATIONAL SUPPLIES

**Instructions:**

1. Please print or type all information. 2. If space provided is inadequate, please attach additional papers to the application. 3. Attach a receipt, medical letter, or proof of payment for tutor or lessons. 4. Diagnosed Bleeding Disorder and Severity. 5. Proof of Inhibitor Status.

**APPLICANT**

Mr.  Ms.  Mrs.  Other \_\_\_\_\_ Date of birth \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Middle initial \_\_\_\_\_

Primary phone \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TUTOR OR INSTRUCTION**

Tutoring  Lessons Tutoring center / Private tutor name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SCHOOL** - Please note that this program is for students who are grades K through 12 only.

School name \_\_\_\_\_ Graduation date (MM/YY) \_\_\_\_\_

Principal's name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATIONAL SUPPLIES**

Item requested \_\_\_\_\_ Cost of item \_\_\_\_\_

Purpose for item \_\_\_\_\_

**SPECIAL NOTES**

- Reimbursement will be provided upon receipt of a medical letter, proof of inhibitor status (within same year of application), receipt from tutor or instructor outlining the tutoring work done and the fees charged, or copies of receipts indicating payment made to a commercial tutoring center.
- All information you provide in support of this application will be kept confidential and will be used only for purposes of the HFA Inhibitor Support.

The signature below affirms that all information provided in this application and supporting documents is true and complete to the best of my knowledge. If requested, I will provide proof. **Failure to provide supporting documents will delay reimbursement.**

Signature of Applicant or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Your request becomes valid *only* when this application and all supporting documents are submitted to: 999 North Capitol Street NE, Suite 201, Washington, DC 20002, fax: 202.675.6983, email: [helpinghands@hemophiliafed.org](mailto:helpinghands@hemophiliafed.org)