

Mental Health Scholarship Application



550 North Reo St. Ste 300
Tampa, FL, 33609

346-247-4753

empatheticathleteinc@gmail.com

Patient Information

Name _____ Gender Male Female Other

Date Of Birth _____

Phone Number _____ Email _____

Address _____

Emergency Contact Information

Name _____ Relationship _____

Phone Number _____ Email _____

Primary Care Physician

Name _____

Contact Information _____

Referral Information

Were you referred to our scholarship? Yes No | If yes, by whom? _____

Athletic Information

Current Athletic Institution/University/Program _____

Sport _____ Years of Participation _____

Medical Information

Medical Conditions _____

Current Medications _____

Allergies _____

Past Mental Health Treatment _____

Past Surgeries/Hospitalizations _____

Mental Health Scholarship Application



550 North Reo St. Ste 300
Tampa, FL, 33609
346-247-4753
empatheticathleteinc@gmail.com

By submitting this application, you agree

- That scholarship funds awarded to you will be paid directly to the clinician/program providing my medical care
- To use this scholarship fund only for permitted uses including
- The term of this scholarship fund _____
- I am responsible for submitting or having the clinician/program providing me treatment submit an invoice to empatheticathleteinc@gmail.com within **30 days** of treatment
- To be responsible for any liabilities or obligations incurred in connection with the funds, including, but not limited to, U.S. federal, state, or local income tax obligations
- The clinician/program providing treatment has the authorization to discontinue my care at their discretion (the remaining scholarship funding will be returned to the Empathetic Athlete Inc.)
- Any remaining funds from my scholarship will be returned to the Empathetic Athlete Inc.
- To provide any additional information requested by the Empathetic Athlete Inc.

Empathetic Athlete Incorporation respects your privacy and will use your personal data only for the scholarship application process and related correspondence. Unless you agree to release the Empathetic Athlete Inc. to share that you are a recipient of Empathetic Athlete Inc. Mental Health Scholarship (including name, sport & athletic program) for publicity materials. Specific information about your health/treatment will not be shared.

Yes No | Other _____

Required Documentation Checklist

- Medical Diagnosis Verification: Letter from a certified mental health professional verifying the diagnosis & the necessity of the requested treatments.
- Letter of Recommendation: From a medical professional, coach, athletic trainer, or similar familiar with your condition & character.
- Proof of Enrollment: If applicable, provide proof of enrollment in university, school, or sport organization.
- Mental Health Scholarship Application Form

All material must be submitted to **empatheticathleteinc@gmail.com** (Please note that submitting sensitive medical information via email may not be HIPAA compliant. If you are concerned about privacy, please arrange a secure method for submission by contacting us.)

Consent and Acknowledgement

"I certify that all information provided in this application is accurate & complete to the best of my knowledge. I understand that any falsified information will result in the immediate disqualification of my application."

Athlete's Signature

Date