



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

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 _____