



# INTERPROFESSIONAL TEACHING CENTER

## FINANCIAL ASSISTANCE APPLICATION

NAME: \_\_\_\_\_

1. Complete the next two pages of the application in full. Do not leave any pages blank. If it does not apply, put N/A in that space.
2. You must provide proof of all income. Expected proof may include but not limited to the most recent Income Tax Return or all W-2.
3. Sign and date the 2nd page of the application.
4. The application should be completed upon admission but is due back within two weeks at the latest after receiving this application.

The application and required information are due by: \_\_\_\_\_

**If you have any questions or need assistance please call:**

Interprofessional Teaching Center

2200 Bruce Street Suite 101

Conway, AR 72034

501.470.7457



# INTERPROFESSIONAL TEACHING CENTER

## **Application for Financial Assistance**

NAME: \_\_\_\_\_  
(Last) (First) (M.I)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Phone #: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ How long? \_\_\_\_\_

**List all family members that live in your household, including yourself. Name**

**(Last, First) Date of Birth Relationship**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. As part of the application process, the ITC may verify information contained in my application and other documents required in connection with the application, either before the application is approved or as part of its quality control program. If any information I have given proves to be untrue, I understand that the clinic may re-evaluate my financial status and take whatever action becomes appropriate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date