

Our Green Family / OMMP

Scholarship Application

OUR GREEN FAMILY



COMPASSION - DIGNITY - EDUCATION

Date turned in : _____

Our intent is to make the cost of the OMMP/DR appointment more feasible for a larger number of people, thereby helping to grow the OMMP community, boost local clinic patronage and reinforce the

OGF Mission Statement.

To Qualify for Scholarship :

- Qualify for discounted OMMP state filing fee :
SSI \$20 / OHP \$50 / SNAP \$60 / Vets \$20
- Scholarships can not be received in consecutive years.
- Patients who let their card expire the year after scholarship award are not eligible for future scholarships
- Preference will be given to active OGF Members and Veterans
- This is NOT a CASH scholarship, no monies will be given to patients. We pay the clinics directly, on your behalf.
- Scholarships will be awarded by the OGF Board and will be given without prejudice and with the best interest of OGF in mind.
- Names of scholarship award recipients will NOT be made public, but will be on record for review

To Apply :

- Patient fills out a short application (attached) and submits it to a board member or places in the box
- OGF Board reviews applications after the 2nd Tuesday Meeting and awards scholarships once per month—on the 3rd Sunday, Patient is notified at the meeting.
- Patient must make appointment at participating clinic within 30 days of notification of scholarship award and pay the required deposit to the clinic. (usually \$50—goes towards cost of appointment)
- Patient notifies OGF Rep of appointment, we call—verify the appointment and commit to the \$75 payment on day of Dr appointment.
- Day of appointment an OGF Rep. pays the clinic directly for the portion agreed upon , \$75.

Know Your Medicine—Grow Your Medicine

Our Green Family

A 501 © 3 Non—profit organization

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DATE RECEIVED BY OGF _____

Patient Name _____

Phone # _____

Today's Date _____

<p><u>Circle Program You Have Proof of Participation</u></p> <p>SSI \$20 / OHP \$50 / SNAP \$60 / Vets \$20</p>

Are you an OGF member?	No _____	Yes _____	how long? _____
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Have you ever had your OMMP card ?	No _____	Yes _____	expire date _____
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Did you receive an OGF Scholarship last year ?	NO _____	Yes _____ (disqualifies you)
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I attest that all statements, made above, are true and factual. Upon threat of fraud.

_____ date _____
signature

--- Do not write below this line --- OFFICIAL USE ONLY --- Do not write below this line ---

____/____/____ Date Received _____ received by Denied REASON _____

Scholarship award date ____/____/____ CONTACT MADE WITH _____

Clinic of Choice _____ date of appointment ____/____/____

Confirmation of appointment ____/____/____ confirmed by _____

DATE PAID _____ AMOUNT _____ CLINIC _____ PAID BY _____