***Philadelphia CHADD Membership Support Application***

Philadelphia CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is excited to offer funding for one-year family memberships to CHADD for families experiencing economic hardships and unable to afford membership fees. This membership support funding is made available through a one-time, limited grant from the CHOP Care Community grant program. Support is based on self-reported financial need. A one-year membership will be made available to those who qualify. Membership support will be awarded on a rolling basis until funding is no longer available. Awardees are encouraged to attend Philadelphia CHADD meetings held on the third Thursday of each month at 6 p.m. at CHOP’s Karabots Center, 48th and Market Streets.

**For more information or to learn about CHADD, please** [**www.chadd.org**](http://www.chadd.org)**.**

Please use the application below to apply. Your physician/health care provider may also submit the application on your behalf.

**Return application by emailing it to philadelphia-chadd@chadd.net or mailing it to Philadelphia CHADD, P.O. Box 90155, 2031 66th Avenue, Philadelphia, PA 19138**

**(Please print neatly or type)**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant a current member of CHADD? (please circle) yes no

(If yes, when does the current membership expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# *Financial Need*

Briefly describe the financial hardship and how the person or family may benefit from a CHADD membership (use additional paper if needed).

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Person Completing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_