



## OC Foundation of Western PA Bus Pass Scholarship

Name: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

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

I am currently receiving treatment for my OCD at least 3 days/week in western PA

I expect to be enrolled in this program for a minimum of 4 weeks

I am not eligible for the Medical Assistance Transportation Program\*\*

I am currently employed:

Yearly individual income: \_\_\_\_\_

Yearly household income if I am not the sole source of income: \_\_\_\_\_

Is financial support available from family members or other outside sources:

Total amount of this additional financial support: \_\_\_\_\_

By checking this box I certify that all information I have provided is accurate to the best of my knowledge. I allow the OC Foundation of Western PA to report any information provided on this application for annual reports to the Commonwealth of Pennsylvania and/or the US Internal Revenue Service as required to maintain a status as a not for profit and 501(c)3 corporation. I understand that these bus passes are to be used exclusively for the purpose of traveling to and from an OCD intensive treatment program. Unused bus passes will be returned to the OC Foundation of Western PA for use by other individuals. I understand that these passes cannot be replaced once they are issued to me.

*\* Bus passes will be mailed to this address. If you do not have a local mailing address, the OC Foundation of Western PA will work with you to find an acceptable solution for delivery of the passes.*

*\*\* The Medical Assistance Transportation Program (MATP) provides bus passes for individuals covered by specific medical assistance insurance programs and living within Allegheny County. Please visit the information desk located in the lobby of Bellefield Towers of the Western Psychiatric Institute and Clinic to apply for this program*