

The IGA NEPHROPATHY FOUNDATION has established the IGA NEPHROPATHY FOUNDATION PATIENT AID FUND to assist persons who have been diagnosed* by a physician as having IgA Nephropathy regardless of treatment status.

Eligibility requirements: Applicant must be a resident of The United States. Applicant must have a confirmed diagnosis via kidney biopsy of IgA Nephropathy. A completed Diagnosis Verification Form.

The IgA Nephropathy Foundation Leadership Team will manage the scholarship application process, selection process and distribution of funds. Funds are granted without regard to race, color, creed, religion, sexual orientation, gender, disability, or national origin.

RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

I, _____ on _____
(Printed name & signature of applicant) *(Date)*

If applicant is under the age of 18:

_____ on _____
(Printed parent/guardian name & signature of parent/guardian) *(Date)*

authorize _____
(Printed name of physician)

to release to IGA NEPHROPATHY FOUNDATION information regarding my disease diagnosis to show I meet eligibility requirements for the IGA NEPHROPATHY FOUNDATION PATIENT AID FUND.

THIS SECTION TO BE COMPLETED BY PHYSICIAN

I certify that _____ is under my medical care

and has been diagnosed with: _____

Physician's telephone # (_____) _____ Physician's Fax # (_____) _____

Physician's address: _____

(Physician's Signature)

(Date)