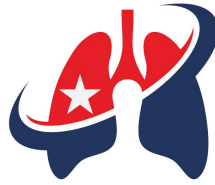


Send to:  
Texas Pulmonary Foundation  
33132 Magnolia Circle ste A  
Magnolia TX, 77354



**TEXAS PULMONARY**  
Foundation

**All Applications MUST contain a non-refundable \$25.00 fee.**

PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male Female  
Primary Care Physician: \_\_\_\_\_ Pulmonary Physician: \_\_\_\_\_

HEALTH INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ I am the policy holder: Yes No  
Secondary Insurance: \_\_\_\_\_ I am the policy holder: Yes No

POLICY HOLDER INFORMATION - If other than self

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Has your doctor given you a medical diagnosis related to your lungs/breathing difficulty?  
YES NO

If YES, please list your medical diagnosis here: \_\_\_\_\_

To the best of your memory, when did you receive this diagnosis? \_\_\_\_\_

When did you first begin having symptoms/problems related to your diagnosis? \_\_\_\_\_

Please indicate why you have chosen to apply for financial assistance through the TPF Foundation:

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(Continue on reverse side if needed)

**The TP Foundation receives hundreds of applications each cycle. We are limited by the amount of funds that are donated. We strive to be diverse in regards to ethnicity, sexual orientation, and geography. Please know that we CANNOT fund all those who apply, even though we would like to.**

## RELEASE FORM

The following form allows The Texas Pulmonary Foundation to use excerpts from your personal statement. No last names will be used.

The Applicant hereby assigns and grants the Organization and its legal representatives the irrevocable and unrestricted right to use excerpts in whole or in part from the Applicant's personal statement for editorial, trade, advertising, or any other purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. The Applicant hereby releases the Organization and its legal representatives and assigns from all claims and liability relating to said excerpts. Any person mentioned in Applicant's personal statement shall be deemed to have consented to the use of their name, image, or likeness by Applicant and/or Organization and Applicant shall defend and indemnify the Organization from and against any claims that any of Applicant's friends, family or other persons mentioned in the personal statement may assert against the Organization arising from, or related to, the use of any name, image, or likeness of Applicant's friend, family or other person mentioned in the personal statement by Organization. Surnames will NOT be used so as to protect the identification of any of the above.

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Applicant's Signature

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Date

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Applicant: Print Name

All information submitted to the Texas Pulmonary Foundation will be held in strictest confidence and viewed only by the selection committee. We thank you for your interest in this foundation and wish each one of you the best in your attempt for a better quality of life.