National Multiple Sclerosis Society
Greater New England Chapter

Greater New England Chapter
Physical Wellness Scholarship Reimbursement Form
MEMBERSHIP-BASED WELLNESS

Please return this completed form within two weeks of the attendance period for which you are seeking reimbursement. Scholarships are available as long as funds are available during the fiscal year (Oct 1-Sept 30). All forms for summer/early fall physical wellness participation must be received no later than October 1 to be eligible for reimbursement in the proper fiscal time period. Forms received after this date can not be processed.

Name: _____

Address: _____

_____

Phone:_____

E-mail: _____

Date of Diagnosis:_____

Name of Gym/Studio: _____

Types of Wellness Activities:
☐ Weight Training ☐ Yoga ☐ Aquatics ☐ Tai Chi
☐ Cardio ☐ Pilates ☐ Other Group Exercise Class

Membership Cost: $_____ monthly/biannually/annually

Dates of Attendance for which Reimbursement is Requested: _____
(example: January 1-April 30, 2011)

Total Amount Paid During Attendance Period Listed Above: $ _____

*Complete Physical Wellness Tracking Sheet on back of this form or attach printed attendance records if available from the gym.

In signing this *Physical Wellness Scholarship Reimbursement Form*, I am attesting to the cost of membership and to the above-named person's attendance at _____gym at least 8 times per month for the time period (dates of attendance) listed above.

*Are there reduced-rate or scholarship programs available to this person through your gym? Yes or No

Wellness Facility Representative Signature:_____
Print Name: _____ Facility:_____
Phone:_____ Email: _____
Address:_____
City: _____ State: _____ Zip code: _____

Please mail or fax completed form to:
National MS Society, Attn: Amber Stalker
101A First Avenue, Suite 6
Waltham, MA 02451-1115
Fax: 781-890-2089

Physical Wellness Tracking Sheet

Please use this form to track your attendance if your wellness facility does not provide the option of printing out attendance records. If attendance records are available, please attach those to this form instead.

DATE:	ACTIVITY COMPLETED
January 2, 2011	*20 minutes of walking on the treadmill, yoga class, weights, etc.*