

**Post- Lung Transplant Exercise Assistance**

**Part I: To be completed by Applicant (please print)**

**Patient information**

Name of Applicant: \_\_\_\_\_  
*First Middle Initial Last*

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Mailing Address) (City) (Postal Code)*

Date of Birth: \_\_\_\_\_ Date of Transplant \_\_\_\_\_

(If patient is a child, please provide parent/guardian's name and phone number)  
Name of Parent/Guardian: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Part II: To be completed by Referring Physician/Specialized Physician**

\*Only applicable if you have not previously applied to the support fund

**Referring Physician/Specialist**

Primary Diagnosis: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Signature of Referring Physician)*

**Part III: Declaration of Eligibility**

I hereby make application for financial assistance in accordance with The Lung Association of Nova Scotias Post Lung Transplant Exercise Assistance. I declare that the above information is correct to the best of my knowledge and should there be any changes I agree to notify The Lung Association of Nova Scotia

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Signature of applicant  
*(If other than patient, please state relationship to patient)*

# Post-Lung Transplant Exercise Assistance

## **General information**

The Post-Lung Transplant Exercise Assistance bursary Program is a program of The Lung Association of Nova Scotia that is designed to provide modest support to individuals for gym membership fees post-transplant

## **Who Qualifies?**

Residents of Nova Scotia who have undergone a lung transplant within the last year

## **How to Apply?**

The applicant must complete the attached application form on the reverse side and forward to The Lung Association of Nova Scotia. The referring physician section must be completed and signed by the referring physician/specialized physician. \*Only required if you have not previously applied to the Lung Transplant Support Fund

## **What Financial Assistance is Available under the Program?**

The Lung Association of Nova Scotia provides a modest financial contribution to patients, post-transplant to assist with gym membership fees. The financial contribution is a one time grant per recipient.

## **Approval Process**

All applications are reviewed on an individual basis. Once your application has been received, it will take 2-4 weeks for review of your application. If your application has been approved you should receive your bursary within 4-6 weeks upon receiving your application.

## **Contact Information**

If you require further information you can contact,

The Lung Association of Nova Scotia  
200-6331 Lady Hammond Road  
Halifax, NS B3K2S2  
Tel: (902) 443-8141  
Fax: (902) 445-2573  
Toll Free: 1-888-566-5864  
Email: [info@ns.lung.ca](mailto:info@ns.lung.ca)