KVC Hospitals

people matter

Financial Aid Application

KVC Hospitals
4300 Brenner Dr. Kansas City, KS 66104 | 205 E. 7th St. Hays, KS 67601
(913) 890-7470

Personal Information

First Name	Last Name	SSN	Date of Birth
Address	Address City	State	Zip
Spouse/Other First Name	Spouse/Other Last Name	Spouse/Other SSN	Spouse Date of Birth
Phone	Email		

Income & Family Information

Employer	Spouse Employer	Other Income (rental, farm, child support, IRA, etc.)
Gross Income	Spouse Gross Income	TOTAL INCOME
Less Taxes	TOTAL DISPOSABLE HOUSEHOLD INCOME	

What other means have you applied for?	Accepted? ☐ YES ☐ NO
Date denied or other assistance: (send copy of denial)	Dependents: # (Total number in family; as claimed on tax filings)
List names of all family members	

Family Dr.	Savings	Checking	Other:

Property: ☐ Rent ☐ Own	Residence Payment	Automobile Payment	Other Vehicle Payment

Expense Information

Groceries	Utilities	Telephone	Cable	Auto (gas/repair)
Clothing	Insurance	Child Support	Miscellaneous	

Other expenses please use back of page to list creditors, credit cards, medical bills, etc.

Return this signed copy within 10 days to KVC Hospitals 4300 Brenner Dr. Kansas City, KS 66104. Please include a copy of last years tax return and/or a current monthly pay stub.

Signature ______________________ Date ______________