



## Application for Assistance

### Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

### Personal Information

Name of child with limb difference \_\_\_\_\_

Type of limb difference \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_  Male  Female

Activities and/or sports interests and involvement \_\_\_\_\_

\_\_\_\_\_

### Event Information (the event you are planning to attend)

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Address of Event \_\_\_\_\_

Organization Hosting Event \_\_\_\_\_

Organization Contact Info \_\_\_\_\_

Do you have a reserved spot for this event?  YES  NO

Have you attended this event before?  YES  NO

May we contact the organization on your behalf for more information?  YES  NO

Type(s) of assistance requested (registration, training, accommodations, etc.)\_\_\_\_\_

How many people will attend (if applicable)\_\_\_\_\_

Amount of assistance requested (actual or estimate) \$\_\_\_\_\_

Have you applied for or received assistance from us before?  YES  NO

### **Emergency Contact Information**

Name and Relationship\_\_\_\_\_

Phone Number(s)\_\_\_\_\_

### **Terms and Conditions**

Limbitless Possibilities (we/us) may require additional information about the financial status of an applicant, and may require one or more personal references before this Application for Assistance (application) is approved.

Once an application is approved, and funds are distributed to vendors of goods and services, and/or host organizations, the sponsored child/family are obligated to participate in the sponsored event.

The term "participate" means that the sponsored child/family will use the travel, lodging and/or other accommodations arranged for by us to enable attendance at the event specified in this application.

The term "sponsored event" includes camps, programs, training and/or the purchase of a prosthetic device, such as a running blade.

In most cases, funds distributed for sponsored events are NON-REFUNDABLE. If we distribute funds, and the sponsored child/family fails to meet any participatory obligation, the sponsored child/family will lose all current and future consideration for financial assistance from Limbitless Possibilities.

Submission of this application signifies that the applicant has read and agrees to these terms and conditions.

**Return completed application by e-mail:** Save this application with your name in the title (e.g., "sally\_smith\_app.pdf"), then send as attachment to:  
[limbitlesspossibilities@gmail.com](mailto:limbitlesspossibilities@gmail.com)

**or**

**Return completed application by US Mail:** Limbitless Possibilities  
10017 East Ave S-6  
Littlerock, CA 93543