



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 (travel, registration, training, accommodations, etc.)

How many people will attend? _____

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

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

Flight Information (Complete this section ONLY if your request for assistance includes air travel.)

Name and birth date of each ticketed passenger in your group (required when booking flights):

Name	Date of Birth (MM/DD/YYYY)

Preferred dates for requested air travel (subject to restrictions and availability):

Departure Date Preference 1	Departure Date Preference 2	Departure Date Preference 3
Return Date Preference 1	Return Date Preference 2	Return Date Preference 3

Departure Airport _____

Arrival Airport _____

Note any special accommodations that may be required:

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 we may require one or more personal references before this Application for Assistance (application) is approved.

Applications for assistance to cover any or all expenses for a limb-different child to attend camps or clinics, or programs designed specifically for limb-different children, must be submitted and approved before the scheduled event occurs. Application processing may take up to two weeks. APPLICATIONS WILL NOT BE PROCESSED RETROACTIVELY.

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, clinics and training programs that are specifically designed to develop and enhance the abilities of limb-different children.

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 implies that the applicant has read and agrees to all applicable *Terms and Conditions*.

Submitting the Application

Return the completed application by e-mail: Download and save this application with your name in the title (e.g., "sally_smith_app.pdf"), then send as an e-mail attachment to:
LIMBitlessPossibilities@gmail.com

or

Print and return the application by US Mail: LIMBitless Possibilities
10017 East Ave S-6
Littlerock, CA 93543