



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 (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, etc.

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 indicates that the applicant has read and agrees to all applicable terms and conditions.

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