



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)

***This application must be received by us at least 30 calendar days before the "Date of Event" specified.**

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 received by us at least 30 calendar days before the *Date of Event* specified under *Event Information* on page one; and must be approved prior to the specified *Date of Event*. 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 attend the event specified in this application.

The term "sponsored event" refers specifically to the event listed under *Event Information* in this application and includes camps, clinics and training programs that are specifically designed to develop or enhance the skills, talents or abilities of limb-different children.

In most cases, funds distributed for sponsored events and related expenses are NON-REFUNDABLE. If, after we distribute funds, the sponsored child/family does not participate in the sponsored event, that child/family will lose all current and future consideration for financial assistance from LIMBitless Possibilities, notwithstanding any partial or complete refund or credit for our disbursements.

When grant funds are given directly to individuals, IRC Section 4945(g) requires that we monitor and report on how these funds were spent. To meet these tax guidelines, we will need receipts for all purchases that you make and/or other expenses that you paid for with grant funds. Failure to provide receipts or other supporting documentation as to how the funds were spent may result in a tax liability determination against the grantee and will render the grantee ineligible for future consideration of 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 fill out this application; save the application with your name in the title (e.g., "sally_smith_app.pdf"); send it as an e-mail attachment to: LIMBitlessPossibilities@gmail.com (save the filled out application before printing)

or

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