EMPPower Scholarship Fund Application

Thank you for your interest in the EMPPower Scholarship Fund. This fund exists to help children and families access physiotherapy services when financial barriers may otherwise limit care.

All information provided will be kept confidential and used solely for the purpose of determining scholarship eligibility and award amounts.

Please provide as much information as possible to support your application. If you need additional space you may attach additional pages when submitting your application. If using additional pages please reference the section number and question number to ensure the application committee is aware of which questions you are answering.

When the application is complete please save this document as a PDF and email it to **applications@emppowerscholarship.com**

Applications are due: December 1st 2026

Section 1: Child & Family Information

Child Name:

Child's Date of Birth:

Parent/Guardian Name(s):

Address:

Email:

Phone Number:

Section 2: Child's Medical and Functional Needs

1. **Does your child have any medical diagnosis?**

   If yes please list all relevant diagnoses.

   If your child does not have a formal diagnosis, please describe the concerns and/or functional challenges that require physiotherapy services.

2. **Please describe how these challenges impact your child's daily life, participation, independence, mobility, communication, play, school participation, or other activities.**

Section 3: Household Financial Information

1. **Total Annual Household Income (before taxes):**

   ☐ Less than $25,000

   ☐ $25,000–$49,999

   ☐ $50,000–$74,999

   ☐ $75,000–$99,999

   ☐ $100,000–$124,999

   ☐ $125,000–$149,999

   ☐ $150,000–$199,999

   ☐ $200,000+

2. **How many people (including all adults and children) are supported by this household income:**

Section 4: Insurance Coverage & Other Funding

1. **Do you have private insurance coverage for physiotherapy?**

   ☐ Yes

   ☐ No

   If yes, what is the annual physiotherapy coverage amount and percentage covered?

   What is the approximate amount remaining before renewal?

   When does your insurance coverage renew/reset? (e.g., Jan 1, Sept 1, etc.):

2. **Please indicate any additional funding sources your child is currently receiving by completing the below chart.**

   This may include ACSD, Special Services at Home (SSAH), grants/scholarships, charitable fundings, Jordan's principle, Passport Funding, etc.

Funding Source	Annual Amount	What is this funding used for (e.g., therapy, respite, assistive devices)

Section 5: Current Therapies & Care Costs

1. **Please list all therapies your child currently participates in:**

Therapy Type	Frequency	Approximate Monthly Cost

2. **Are there additional costs associated with your child's care? If yes, describe below:**

   Examples may include equipment, orthotics, custom bracing, mobility aids, specialty formulas, feeding supplies, medical supplies, medications, nursing support, transportation, childcare, recreation, or other expenses

3. **What is the total monthly cost of expenses listed in above question (#2)?_____**

Section 6: Unmet Needs & Barriers to Care

1. **Are there therapies, programs, equipment, activities, or supports that your child would benefit from but are currently unable to access due to financial constraints?**

   ☐ Yes

   ☐ No

   If yes, please describe:

2. **Have financial barriers affected your family's ability to participate in other activities or meet other needs? (E.g., siblings extracurriculars, house maintenance, parent's therapy, etc.)**

   ☐ Yes

   ☐ No

   If yes, please describe:

Section 7: Family Statement

Please tell us how receiving an EMPPower Scholarship would impact your child and family.

You may wish to describe:

- **What physiotherapy means for your child**
- **Goals you hope your child will achieve**
- **Challenges your family faces in accessing care**
- **How financial assistance would make a difference to your child/family**

Section 8: Additional Family Circumstances

We recognize that financial need is not always reflected by household income alone.

Please use the space below to share any additional circumstances that may impact your family's ability to access therapy services or meet your child's needs.

Examples may include:

- Reduced work hours or loss of income related to caregiving responsibilities
- Significant medical, therapy, travel, or accommodation expenses
- Multiple children requiring services or supports
- Single-parent households
- Recent changes in employment or family circumstances
- Other factors affecting your family's financial situation

Section 9: Use of Funding

1. **If your child is a recipient of the EMPPower Scholarship please list the clinic (and provider if known) you will use the funding at:**

2. **Has your child previously received funding through the EMPPower Scholarship Fund?**

   ☐ Yes

   ☐ No

   If yes:

   Year received: _____

   Amount awarded (if known): _____

   Please briefly describe how the scholarship impacted your child and/or family

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Section 10: Consent to Contact Physiotherapist

Does your child have a private-pay physiotherapy they are actively seeing or has seen previously?

☐ Yes

☐ No

If yes:

To help our Voting Council make informed and equitable decisions, we ask applicants to provide consent for their child's treating physiotherapist to complete a brief questionnaire. This allows us to better understand your child's unique needs, current goals, etc. The physiotherapist's role is solely to provide clinical information; they will not participate in the review or decision-making process for scholarship funding.

If no:

Skip the following consent and proceed to the next section.

Consent to Contact Treating Physiotherapist

I consent to EMPPower Scholarship Fund contacting my child's treating physiotherapist and requesting that they complete a brief questionnaire to provide additional information about my child's physiotherapy needs, goals, and potential benefit from financial assistance.

I understand that the information provided will be shared with the EMPPower Scholarship Fund Voting Council to help inform their review of my child's scholarship application. I acknowledge that my child's physiotherapist will serve only as a source of clinical information and will have **no role in the review, voting, or final decision-making process** regarding scholarship funding.

I understand that the information will be used solely for the purpose of evaluating my child's application and will be handled confidentially by the EMPPower Scholarship Fund.

By providing my consent, I authorize the release of relevant information for this purpose.

- ☐ I have read and understand the above statement and consent to EMPPower Scholarship Fund contacting my child's treating physiotherapist to request additional information in support of this application.

Name of Parent/Guardian:

Child's Name:

Signature of Parent/Guardian:

Date:

Please provide the following information for your child's physiotherapist

Therapists Name:

Therapists Clinic:

Therapists Email:

Section 11: Additional Comments

Is there anything else not covered in the previous sections that you would like to share about your child or family?

Section 12: Declaration

I hereby declare that the information provided in this application is true, complete, and accurate to the best of my knowledge and ability. I understand that the information will be used by the EMPPower Scholarship Fund to assess eligibility for financial assistance and to support fair and informed decision-making.

I acknowledge that providing accurate and complete information is important to the review of this application, and I agree to notify the EMPPower Scholarship Fund of any significant changes to the information provided, if applicable.

By submitting this application, I confirm that I am the parent or legal guardian of the child named in this application and that I am authorized to provide the information and consent(s) contained herein.

Signature

Name

Date