



Funding Hope, Help and Possibilities

1601 East 19th Ave, Suite 3200

Denver, CO 80218

www.limbpreservationfoundation.org

Skills for Life 4 Funding Request

The Skills for Life 4 conference will be held in Houston Texas on October 22 - 25, 2015. This conference, coordinated by USISPO and the Skills for Life 4 committee is designed for individuals who have experienced loss of both upper extremities, their families and caregivers, and professionals who work with these individuals.

The conference fee is free for individuals with bilateral upper limb loss. In addition, funding requests are being accepted for assistance with travel and accommodations. Approved funding requests will be granted from \$100 to a maximum of \$800 per individual. The approved funds will be paid directly to the vendor, not the individual applicant. In addition to the funding application you will need to register for the workshop. The registration information is at www.usispo.org.

Eligibility: Applicants must have bilateral upper limb loss and have financial need for assistance.

Criteria: Applicants will be evaluated based on financial need and funding available for the program.

Applications may be submitted by mail, email or fax.

Mail to: The Limb Preservation Foundation, 1601 E 19th Ave., Suite 3200 Denver, CO 80218.

Email to: Julie Klarich OTR/CHT- klarichfamily@q.com or Eric Nelson- ednelson3855@msn.com

Fax to: 303-487-3667

For more information, contact Julie Klarich OTR/CHT: 303-422-7104.

APPLICATION DEADLINE:

Must be submitted by September 4th, 2015.

Funding recipients will be notified by email or phone by September 18, 2015



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SKILLS FOR LIFE 4
SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Age: _____ Date of Birth: _____

Race: American Indian / Native Alaskan Caucasian
 African American Hispanic
 Asian / Pacific Islander Other _____

Have you served in the armed forces: Yes No

Phone: _____ Cell Phone: _____ E-Mail Address: _____

Travel Arrangements:

You will be traveling by: Plane Car Other

Location you will be traveling from: _____

Any special requests:

Please read and sign the statement below.

I certify that all statements in this application are true. I understand that all financial and medical information will remain confidential.

Please Print Full Name of Applicant _____

Applicant Signature _____ Date _____

Please Print Full Name of Parent/Guardian (if applicant is under the age of 18 years of age)

Parent/Guardian Signature _____ Date _____