

## Quality of Life Grant Application

### Eligibility & Criteria:

- Must have permanent residence in New England.
- Must be a traumatic spinal cord injury (ie. Accident, fall, etc.)
- Any awards are paid directly to the vendor.
- Any grant from JTF must be the last portion of funding contributed to a vendor if not fully covered by the original grant.
- Maximum grant allowed is \$7,500.

### Notification:

Applications are reviewed by our grants committee on the second Tuesday of every month. Applicants can expect a notice of decision within (7) days after review. Applications are due by the last day of the month to be included. Example (a submission on January 1<sup>st</sup>-31<sup>st</sup> will be reviewed on the second Tuesday in February. A submission on February 1 will be reviewed on the second Tuesday in March).

### Items Not Considered:

- Therapy or acupuncture
- Debt reduction or direct medical bills
- Reimbursements
- Adaptive sport equipment

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Inpatient Discharge Date (Past or Future): \_\_\_\_\_

Level of spinal cord injury: \_\_\_\_\_

Please describe what caused your injury:

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Is your injury complete / incomplete: \_\_\_\_\_

Are you able to walk on your own or assisted (crutches, walker, etc.)? \_\_\_\_\_

Please describe the physical abilities and mobility you have now:

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Have you received a settlement or other compensation due to your injury? \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual household income post-injury: \_\_\_\_\_

Have you held any fundraisers as a financial resource (annual or one time)? If so, please provide amounts raised for each:

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Equipment or modification requested: \_\_\_\_\_

Have you tried to submit through insurance? \_\_\_\_\_

Please list any other funding sources you applied to for this equipment:

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If the equipment or modifications are to your residence, please share how long you have lived there, how long you plan to stay, and if you have permission for equipment or modifications:

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Grant amount requested: \_\_\_\_\_

Please forward two estimates from vendors for equipment or modifications (attach both with this application):

#1 amount: \_\_\_\_\_

#2 amount: \_\_\_\_\_

Where did you learn of our organization? \_\_\_\_\_

END OF APPLICATION

\*PLEASE EMAIL TO [INFO@JACKTROTTERFOUNDATION.ORG](mailto:INFO@JACKTROTTERFOUNDATION.ORG)