

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 1st-31st 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:

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:

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:

Equipment or modification requested: _____

Have you tried to submit through insurance? _____

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

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:

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