

Quality of Life Grant Application

Full Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____

Date of Injury: _____

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: _____

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: _____

END OF APPLICATION

*PLEASE EMAIL TO INFO@JACKTROTTERFOUNDATION.ORG