



**PROSTHESIS GRANT APPLICATION**

**PERSONAL INFORMATION**

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

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to applicant: Self Child Parent Other \_\_\_\_\_

Social Media Account Names: \_\_\_\_\_

**MEDICAL INFORMATION**

Location of limb with physical disability: \_\_\_\_\_

Type of activewear prosthetic you are seeking to obtain: \_\_\_\_\_

What activities are you looking to be able to accomplish by having this new prosthesis:  
\_\_\_\_\_

How long have you had this disability: \_\_\_\_\_

**MEDICAL CONTACTS**

Physician name, office address and contact number:  
\_\_\_\_\_

Prosthetist name, office address and contact number:  
\_\_\_\_\_

**In less than 1 page, share your story of how your journey has lead you to this point and why you are requesting this grant. Include details such as history, background, timeline, budget, and a breakdown of how the funds will be used. Grants may require periodic and final reports to be submitted on the use of the funding. If funds are misused, the Move For Jenn Foundation has full authority to revoke funding and/or recover the funds as deemed necessary. By signing below, you agree to allow the Move For Jenn Foundation to use your story for marketing purposes. Please attach this document with your story and submit to MoveForJenn@gmail.com.**

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_