



PROSTHESIS GRANT APPLICATION

PERSONAL INFORMATION

Name: _____

Date of Birth: _____ SS#: _____

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: _____