



Funding Hope, Help and Possibilities

925 South Niagara Street, #610
Denver, CO 80224
303-429-0688
www.limbpreservation.org

The Limb Preservation Foundation
EDUCATION SCHOLARSHIP PROGRAM
Renewing Scholar Application.

The Limb Preservation Foundation (LPF) is honored to provide educational scholarship awards for college, graduate school or continuing education students to patients and/or survivors who have battled or are battling a limb-threatening condition due to trauma, tumor or infection. Annually, LPF provides scholarships of up to \$2,500 per year to qualified individuals and are seeking to start and/or continue plans for higher or continuing education. The scholarship funds are disbursed to the institution, not the individual applicants. Scholarships will be made in two lump sums six months apart. The first installment of \$1,250 will be awarded within three months of the notification of the award. A second installment of the same amount will be made six months following the first award, provided the student provides written confirmation s/he is still enrolled in studies and is at or above a GPA of 2.25.

Consideration of recipients will be selected on the basis of the following criteria:

- 1) Submission of an essay outlining an overview of your cancer story or extremity condition.
- 2) Recommendations from physicians, educators, employers and personal acquaintances.
- 3) Financial need.
- 4) Qualified applications eligible from residents in the Rocky Mountain Region: Colorado, Wyoming, Montana, Nebraska, Utah, Arizona, Kansas, New Mexico and Idaho.

Past award recipients may re-apply each year, and are eligible to receive up to four scholarship awards (for a total award of \$10,000).

For eligibility for the LPF scholarship, submissions **must be completed, scanned and emailed or mailed** to:

The Limb Preservation Foundation
P.O. Box 270530
Littleton, CO 80127

You may email your application to marcy@limbpreservation.org

Fax submissions are not accepted.

LPF scholarship submissions will be considered on a rolling basis. Candidates can submit an application once a year in 2022.

Qualified renewal applicants include: Previous LPF scholarship recipients in good standing.

The Limb Preservation Foundation is a 501(c)3 non-profit organization that was founded in 1986 with the mission to support the prevention and treatment of limb-threatening conditions due to trauma, tumor or infection. The LPF provides patient treatment programs, patient assistance programs, educational programs and research with the goal of addressing the needs of individuals who are facing the potential loss of a limb.

All applicants will be judged based on the criteria listed below:

Eligibility: Renewal applicants must meet all of the requirements listed below:

- Must be a patient or survivor who has battled or is battling a limb-threatening condition due to trauma, tumor or infection.
- Must be currently enrolled in school receiving higher education (undergraduate or graduate) or continuing education (vocational, etc.)
- Qualified applications eligible from residents in the Rocky Mountain Region: Colorado, Wyoming, Montana, Nebraska, Utah, Arizona, Kansas, New Mexico and Idaho.

Criteria: Renewal applicants will be evaluated based on the following criteria:

- 1) Current GPA in good standing meeting minimum requirements of 2.25
- 2) Submission of an essay outlining an overview of your current status of college experience or extremity story update.
- 3) Recommendations from one individual (example; professors, instructors, employers or community service contacts)
- 4) Financial need

On-Going Funding Eligibility:

Previous award recipients must reapply each year to qualify for continued funding via the renewal application.

SCHOLARSHIP APPLICATION DIRECTIONS

A complete application package must include the following:

- 1) Completed Application Form
- 2) Copy of current official college, vocational or training transcript for 2022
- 3) One letter of recommendation from professionals (examples: professors, instructors, employers or community service). Please include with reference letter, contact name, phone, email and address.
- 4) An essay answering one of the following questions: (500 – 750 words)
Please provide on a separate page.
 - A. How has your current educational experience improved your personal growth and career ambitions?
 - B. What are your current education objectives and how will your course of study assist your career goals upon graduation?
 - C. What new interests or opportunities have you pursued to enhance your quality of life?

All essays will be rated on the basis of creativity, clarity of expression and grammar. Applicants must write or type your name in the upper right-hand corner on each page submitted. All application materials must be submitted together (including recommendations).

APPLICATION DEADLINE: Applications will be accepted on a rolling basis.

Please contact Marcy Rubic, Executive Director, with any application needs or questions at 303-429-0688 or marcy@limbpreservation.org.

APPLICATION

Section A - Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Male Female Age: _____ Date of Birth: _____

Home or School Phone: _____ Cell Phone: _____

E-Mail Address: _____

years funded by LPF Scholarship program? (circle) 1 2 3 4

Section B – Educational Institution Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Registrar's Office Phone Number (for verification only): (____) _____ - _____

Major: _____ Minor: _____

Year: Freshman Sophomore Junior Senior Grad School other _____

Current copy of official higher educational transcript must be included with application

Section C - Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Date of Diagnosis: _____

Treatment:

Are you currently undergoing treatment with this or any other physician?

Yes No

Date of last physician visit: _____

Section D - Medical History

Please provide a short summary update of your current extremity experience – diagnosis, recurrences, treatment, and current status. **(Please answer below 300 max word limit)**

Section E – Community Engagement Participation

Please list current extracurricular activities, volunteer service, recognition/awards or employment. Include approximate time commitment (weekly or by month).

Please provide brief up-date below.

Section F – Statement of Financial Need

Please provide a short explanation of how continuation of the LPF Scholarship will impact your education and financial need? **(Please answer below, 250 words max)**

APPLICATION CHECKLIST

Please make sure that you have included the following information:

RENEWAL APPLICATION FORM

1 LETTER OF RECOMMENDATION

ESSAY

CURRENT COPY OF COLLEGE, VOCATIONAL OR
TRAINING TRANSCRIPT

CURRENT APPLICANT CONTACT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Qualified applications eligible from residents in the Rocky Mountain Region: Colorado, Wyoming, Montana, Nebraska, Utah, Arizona, Kansas, New Mexico and Idaho.

Any questions or needs regarding the application process please contact Marcy Rubic, Executive Director, The Limb Preservation, 303-429-0688 or marcy@limbpreservation.org

PLEASE READ AND INITIAL/SIGN EACH STATEMENT BELOW:

MEDICAL VERIFICATION

I HEREBY AUTHORIZE _____ (MEDICAL PROVIDER LISTED ON PAGE 2 OF THE APPLICATION) TO PROVIDE INFORMATION ABOUT MY MEDICAL CONDITION AND DIAGNOSIS TO A REPRESENTATIVE OF THE LIMB PRESERVATION FOUNDATION IN ORDER TO SUPPORT MY SCHOLARSHIP APPLICATION.

_____ (applicant initials) _____ (parent/guardian initials)

COLLEGE VERIFICATION

I HEREBY AUTHORIZE THE REGISTRAR OF MY COLLEGE/UNIVERSITY TO PROVIDE A REPRESENTATIVE OF THE LIMB PRESERVATION FOUNDATION WITH INFORMATION REGARDING MY ENROLLMENT STATUS AND VERIFICATION OF MY GPA AND/OR CREDITS EARNED.

_____ (applicant initials) _____ (parent/guardian initials)

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT THIS APPLICATION WILL BECOME THE PROPERTY OF THE LIMB PRESERVATION FOUNDATION. I AGREE THAT MY ESSAY MAY BE REPRINTED IN PART OR IN FULL FOR THE PURPOSES OF EDUCATING, SUPPORTING AND HELPING OTHER COLLEGE STUDENTS AFFECTED BY TUMOR/TRAUMA/INFECTION TO AN EXTREMITY. I UNDERSTAND THAT ALL FINANCIAL AND MEDICAL INFORMATION WILL REMAIN CONFIDENTIAL.

Print Full Name of Applicant

Applicant Signature Date

Print Full Name of Parent /Guardian (if applicant is under the age of 18 years)

Parent / Guardian Signature Date