



Funding Hope, Help and Possibilities

P.O. Box 270530
Littleton, CO 80127
303-429-0688

www.limbpreservationfoundation.org

The Limb Preservation Foundation 2022 EDUCATION SCHOLARSHIP PROGRAM

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

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.

PLEASE NOTE THE CHECKLIST ON THE LAST PAGE OF THIS DOCUMENT.

USE IT TO ENSURE YOUR APPLICATION IS COMPLETE BEFORE SUBMISSION.

Qualified applicants include: High school seniors, current and or applying undergraduate or graduate college students and adults starting or returning to higher education, graduate, continuing education or vocational training school.

For more information on the LPF's Scholarship Program, visit the Foundation's website at www.limbpreservation.org.

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.

*Applicants must meet **all** of the requirements listed below. Scholarships will be granted based on the quality of the applications as reviewed by a scholarship review committee.*

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

On-Going Funding Eligibility:

1. Previous award recipients must reapply to qualify for continued funding via renewal application (different application form -- contact LPF for details)
2. On-going funding will be based on the applicant's annual Grade Point Average (GPA). LPF scholarship award recipients must maintain a minimum 2.25 GPA throughout the duration of the award period.
3. Scholarship award recipients must provide a semi-annual GPA report to the LPF six months after the first payment is made to the educational institution. With proof the student is still enrolled and maintaining a 2.25 GPA, the second scholarship payment will be made.

SCHOLARSHIP APPLICATION DIRECTIONS

A complete application package must include the following:

1. Completed Application Form
2. Copy of official high school or college transcript
3. Two letters of recommendation from professionals (examples: teachers, employers, healthcare providers, and/or other community leaders) who are non-family members. Please make sure each reference letter includes his/her name, address, email, and phone number.
4. An essay answering one of the following questions: (minimum of 500 words with a 1000-word limit)
 - a. What advice would you give an individual who is going through a similar limb threatening experience?
 - b. What are your career aspirations that this scholarship will support?
 - c. Describe an important personal relationship and how it has influenced you during your experience with limb tumor, trauma or infection.

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 materials must be submitted together (including recommendations).

You may scan and email your application to marcy@limbpreservation.org.

Mail completed application to:

The Limb Preservation Foundation (new address)
Attention: Extremity Scholarship Program
P.O. Box 270530
Littleton, CO 80127

Please email it as one document – no separate attachments.

**THE LIMB PRESERVATION FOUNDATION
EDUCATION SCHOLARSHIP
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: _____

How did you hear about The Limb Preservation Foundation's College Scholarship Program?

Are You a New Applicant? Yes No

List family members:

Mother's Name: _____

Father's Name: _____

Step-Parent(s) and/or Guardian Name(s):

Section B – Educational Institution Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

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

Major: _____ Minor: _____

Official School or higher educational transcript must be attached to application.

Section C - Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Date of Diagnosis: _____

Treatment:

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

Yes **No**

Date of last physician visit: _____

Section D - Medical History

Please provide a short summary of your extremity experience – diagnosis, recurrences, treatment, and current status. **(Please limit to max 750 words)**

Section F – Extenuating Circumstances

Please explain any extenuating circumstances that you would like the committee to consider – outside of the medical history as described above – that has interfered with the achievement of your plans for higher or continuing education. **(Please limit answer to max 750 words)**

Section G – Statement of Financial Need

Please provide a short explanation of your current financial situation and what impact this scholarship would have on your education? **(Please limit answer to max 750 words)**

PLEASE READ AND SIGN EACH STATEMENT BELOW:

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

MEDICAL VERIFICATION

I HEREBY AUTHORIZE _____ (MEDICAL PROVIDER LISTED PREVIOUSLY IN 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.

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

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Email: _____

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.

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

Name of Attending College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Print Full Name of Registrar: _____

Attach copy of Applicant's High School/College Transcript.

APPLICATION CHECKLIST

Please make sure that you have included the following information:

APPLICATION FORM (with all sections completed)

2 LETTERS OF RECOMMENDATION

ESSAY

COPY OF HIGH SCHOOL OR COLLEGE TRANSCRIPT

CURRENT APPLICANT CONTACT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

If emailing -- please email it as one document – not separate attachments.

Qualified applications eligible from residents in the Rocky Mountain Region:

Colorado, Wyoming, Montana, Nebraska, Utah, Arizona, Kansas, New Mexico and Idaho.