



Funding Hope, Help and Possibilities

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

www.limbpreservationfoundation.org

The Limb Preservation Foundation
Extremity Scholarship Program
First Time Scholar Application

The Limb Preservation Foundation (LPF) is honored to provide educational scholarship awards for college, graduate school, trade 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. LPF provides scholarships of up to \$2,500 per year to qualified individuals who 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 based on 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) Level of 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 laurie@limbpreservation.org

Fax submissions are not accepted.

LPF scholarship submissions will be considered on a rolling basis. Candidates may submit an application once per year.



PLEASE NOTE THE CHECKLIST ON THE LAST PAGE OF THIS DOCUMENT. USE IT TO ENSURE YOUR APPLICATION IS COMPLETE BEFORE SUBMISSION.

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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 support programs, patient assistance programs, and educational programs with the goal of addressing the needs of individuals who are facing the potential loss of a limb or living with limb loss.

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. Patients who received treatment in these states for their extremity condition also qualify.
- Participation in the Extremity Scholarship program includes authorizing the Limb Preservation Foundation to use your name, photo, and story in promotional materials.

On-Going Funding Eligibility:

- Previous award recipients must reapply through a separate application to qualify for continued funding via renewal application.
- 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.
- 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.



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SCHOLARSHIP APPLICATION DIRECTIONS

A complete application package must include the following:

- 1) Finished 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 name, address, email, and phone number.
- 4) A 500-1000 word essay answering one of the following questions:
 - 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.

All materials must be submitted together (including recommendations).

You may scan and email your application to laurie@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.



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THE LIMB PRESERVATION FOUNDATION
EDUCATION SCHOLARSHIP
APPLICATION

Section A - Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____

Home or School Phone: _____ Cell Phone: _____

E-Mail Address: _____

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

Section B – Educational Institution Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

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

Student ID: _____

Major: _____ Minor: _____

For current high school students, anticipated date of graduation: _____

Official high school or higher educational transcript must be attached to application.



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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 answer on a separate page and limit to max 750 words)**

Section E – Noteworthy Accomplishments

Please list any and all awards and/or recognition, volunteer work and/or community service activities and dates of involvement and time commitment each week/month.

Volunteer Position/Organization	Dates of Involvement	Time Commitment Hours/Week/Month



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Award/Recognition	Date

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. **(Maximum 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. **(Maximum 750 words)**



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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



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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 _____



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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 Educational Transcript.



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AGREEMENT

Participation in the Extremity Scholarship program includes authorizing the Limb Preservation Foundation to use your name, photo, and story in promotional materials. At your request, identifying details may be altered. The purpose of this Agreement is to grant The Limb Preservation Foundation permission to use my name and photo, as a scholarship recipient in the following ways for publication by indicating with my initials:

- Collateral Pieces (Brochure, Posters, Event Materials & Annual Report)
- The Limb Preservation Foundation's website
- Facebook, You Tube, Twitter and blog
- Press releases
- Other (description: _____)
- All uses and media deemed appropriate by The Limb Preservation Foundation, including all of the above.

I agree that I have the authority to enter into this Agreement, verify that photos and essays provided are an original work and do not infringe on a copyright or violate any proprietary rights, rights of privacy or publicity, or any other rights of any third party, and do not contain any material that is libelous or otherwise contrary to law.

The Limb Preservation Foundation may edit, in its sole discretion, any portion of the work noted above for clarity, brevity, accuracy, grammar, usage, and conformity of style and presentation, as it deems advisable for production and publication.

I hereby release The Limb Preservation Foundation from any claims, including compensation, I may have now or in the future regarding use of the anyone's name, likeness, and any quotes.

Printed Full Name: _____ Date: _____

Signature: _____

Parental Signature if under 18: _____



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APPLICATION CHECKLIST

This checklist is for your reference and does not need to be submitted as part of the application. Please make sure that you have included the following information:

- Fully Completed Application Form
- Letter of Recommendation (1)
- Letter of Recommendation (2)
- Essay
- Copy of Transcript
- Current contact information

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
Emailed applications should be one document.

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