SCI SPECIAL FUND

A NON-PROFIT INCORPORATED FOUNDATON **I.D. #33-0310017**

Rogers A. Severson
President

Dear Potential SCI Recipient,

The SCI Special Fund is pleased that you are interested in applying to our organization. ***The Mission of the SCI Special Fund is to assist individuals with spinal cord injuries maximize their independence through life changing activities.*** Examples may include but are not limited to the following:

- Assistance with physical therapy or other medically related procedures
- Assistive technology
- Equipment
- Transportation
- Education
- Employment

Attached you will find an Application Packet which includes:

- General overview of the SCI Fund
- Application / Biographical Information Request Form
- Verification of Disability Form *(must be filled out by your Doctor)*

Please provide the requested information and include a letter explaining why you need funding. Once this information is received you will be contacted to arrange an interview. SCI Special Fund cannot commit to funding. Each request is evaluated independently based on need and overall ability to benefit from the services requested. Also be aware that awards are on a one-time-only basis, and once a need has been assessed and paid for, no other costs or services can or will be allowed*.
Recipients are typically awarded on one or more of the following factors:

- A persistent spinal cord injury or central nervous system disease
- The ability to effectively change their lives by this award
- Personal recommendations

NOTE: you must be a citizen or documented alien to receive services from this fund. Proof may be required.

Please return the completed information to:

Elizabeth Toumajian
C/O SCI Special Fund
1601 E. St. Andrew Place
Santa Ana, CA. 92705

Or fax to 714-361-6190, attn: Elizabeth Toumajian

We look forward to hearing from you!

Application / Biographical Information

All information will be considered strictly confidential for the use of the SCI Special Fund only.
Awards are made without regard to the applicant's race, creed, national origin, gender, age, or disability.

( ) Mr. ( ) Ms. _____ _____ ____
Last Name First Name M.I

Street Address: _____ _____
Number and Street Apt./Unit #

City, State, Zip: _____

Phone: _____ _____ _____
Home Work email address

Birthdate: ____ ____ _____ Age: _____ Gender: ___ Male ___ Female
mm dd yyyy

Marital Status: __ Single __ Marr. __ Separated Do you live with your parents? __ __
Y N

Are you a single parent? ___ ___ Number of dependents: _____
Y N

Are you working? ___ ___ If yes, where? _____
Y N

How many hours per week? _____ Supervisor's name: _____

Company address/phone number _____

Do you have a disability? ___ ___ If yes, please describe: _____
Y N

_____
_____

What are your career goals? _____
_____
_____

What are your educational goals? _____
_____
_____

What is your annual income? [1] $_____ What is your parent's annual income?[2] $_____

Describe what your need is in DETAIL and how it will change your current situation.
_____ _____
_____
_____
_____
_____
_____

[1] Please provide Adjusted Gross Income from the previous year filed.
[2] Please provide Adjusted Gross Income from the previous year filed.

_____

_____

_____
_____
_____
_____
_____
_____
_____
_____

How much do you think your project/need will cost? $ _____

Please provide copies of any quotes for equipment use. If you are asking for equipment such as computers for educational purposes please submit a copy of your school transcript showing proof that your are currently attending classes. Any specific requests by a doctor or therapist should accompany a recommendation from that professional. The more information that you can provide the easier it will be to determine your eligibility.

SCI Special Fund
Medical Verification of Disability

The individual below may be eligible for special consideration from the SCI Special Fund.

Name of potential recipient _____ _____ ____
Last name First name MI

Birthdate (mm/dd/yyyy) _____ Social Security # _____ ____ _____

[I authorize you to release from your records any information regarding my medical and/or health conditions to the SCI Special Fund. All records maintained by the SCI Special Fund personnel pertaining to the named potential recipient are protected from disclosure and are subject to all other requirements of confidentiality. Participation with the SCI Special Fund is entirely voluntary; however, these records will be held in confidentiality at the SCI Special Fund office and may be retrieved only by the named potential recipient after signing a release form.]

Signature of potential recipient _____ Date _____

Please name the Physician, Specialist or Agency who can provide verification of your disability

Name _____

Title/Professional designation _____

Address, City, State, Zip _____

Phone # _____ email address _____

To the Physician/Specialist/Agency:

Please check all of the following that apply to the potential recipient's disability. It would also be beneficial if you would list the degree, progressive factors involved, and/or any limiting effects of the disability. Such documentation may be provided in the space below or by forwarding tests or other verification.

_____

Progressive Factor(s) _____

_____

Medication _____

Side Effects _____

Diagnosis _____

Description of Functional Limitation _____

_____

Signature of Physician/Specialist	Title/Position	License #