



Funding Hope, Help and Possibilities

1721 East 19th Ave, Suite 106
Denver, CO 80218
303-429-0688
www.limbpreservationfoundation.org

The Limb Preservation Foundation COLLEGE SCHOLARSHIP PROGRAM

The application deadline has been extended to Friday, April 15, 2016

The Limb Preservation Foundation is honored to provide college and graduate school scholarships to patients and/or survivors who have battled or are battling a limb-threatening condition due to trauma, tumor or infection with their future educational endeavors. Annually, The Foundation provides scholarships of up to \$2,500 per year for four years (for a total award of \$10,000) to qualified individuals who presently reside within the Rocky Mountain region and are seeking to start and/or continue plans for higher education. The scholarship funds are disbursed to the institution, not the individual applicants.

Recipients will be selected on the basis of:

- 1) Financial need
- 2) Submission of an essay which outlines an overview of your cancer story or extremity condition
- 3) Recommendations from physicians, educators, employers and personal acquaintances

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

All Limb Preservation Foundation scholarship submissions must be completed and emailed or mailed with a postmark of Friday, April 15, 2016 to:

The Limb Preservation Foundation
1721 East 19th Ave, Suite 106
Denver, CO 80218

You may email your application to shelbi@limbpreservation.org
No fax submissions will be accepted.

The Rocky Mountain region is defined herein as the states of Colorado, Wyoming, Nebraska, Kansas, New Mexico, Arizona, Montana, Utah and Idaho. Those making application must be high school seniors and/or applying or attending college students.

For more information on The Limb Preservation Foundation's College Scholarship Program, visit the Foundation's website at www.limbpreservation.org or contact Shelbi Perry by email at shelbi@limbpreservation.org or at 303-429-0688.

January 2016

Dear Applicant,

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

Annually, The Limb Preservation Foundation awards College Scholarships to individuals who have battled or are battling a limb-threatening condition due to trauma, tumor or infection. The amount of the award is up to \$2,500 per year and may be given for four years (for a total award of \$10,000) to an extremity (trauma, tumor or infection) patient or survivor who presently resides within the Rocky Mountain region and is seeking or continuing plans for higher education.

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

Eligibility: 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 seeking or receiving higher education

Must reside within in the states of Arizona, Colorado, Idaho, Kansas, Montana, Nebraska, New Mexico, Utah and Wyoming

Criteria: Applicants will be evaluated based on three criteria:

- 1) Financial need,
- 2) Submission of an essay which outlines an overview of your extremity story and demonstrates an attitude of survival, and
- 3) Recommendations from at least two individuals including physicians, educators, employers and/or personal acquaintances – who are not members of the applicant's immediate family.

On-Going Funding Eligibility:

1) Previous recipients must reapply each year to qualify for funding, and must submit a new essay.

2) On-going funding will be based on the applicant's annual Grade Point Average (GPA). LPF scholarship award recipients must maintain a minimum 2.5 GPA throughout the duration of the award period.

** If grade point is below 2.5, please still apply and address the circumstances in your application.*

LPF scholarship award recipients must provide annual GPA report by Friday, April 15, 2016 in order to receive funding for subsequent year(s).

In advance of your submission of application, I wish you well in your recovery and survivorship and welcome the opportunity to review your application for our College Scholarship Program.

Sincerely,

Shelbi Perry

Executive Director

SCHOLARSHIP APPLICATION DIRECTIONS

Please complete the Application Form and enclose:

- 1) Completed Application Form
- 2) Copy of official high school/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 includes his/her name, address, email, and phone number within the letter.
- 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 an extremity crisis?
This could be in the form of a letter you wish you had received during your experience.
 - B. Where do you see yourself 10 years from now?
 - C. Why is continuing with your college education an important priority for you?
 - D. Describe an important personal relationship and how it influenced you during your extremity journey.

Write your essay topic as your sub-headline.

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).

APPLICATION DEADLINE: Must be postmarked by Friday, April 15, 2016.

Mail completed application to:

The Limb Preservation Foundation
Attention: Extremity Scholarship Program
1721 East 19th Avenue, Suite 106
Denver, CO 80218

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

Please email it as one document – no separate attachments.

Section B - College Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

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

Major: _____ Minor: _____

Official 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 answer to one page in length)**

Volunteer Position/Organization

Section E – Noteworthy Accomplishments

Please list any and all awards and/or recognition, volunteer work and/or community service assignments and give dates of involvement and amount of time committed each week/month.

Volunteer Position/Organization	Dates of Involvement	Time Commitment Hours/Week/Month
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 education. **(Please limit answer to one page in length)**

Section G – Statement of Financial Need

Please provide a short explanation of your current financial situation, what impact would this scholarship have on your education? **(Please limit answer to one page in length)**

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 of age)

Parent / Guardian Signature

Date

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.

Print Full Name of Applicant

Applicant Signature

Date

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

Parent /Guardian Signature

Date

Name of Physician Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Email _____

COLLEGE VERIFICATION

I HERBY 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 of age)

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

_____ 2 LETTERS OF RECOMMENDATION

_____ ESSAY

_____ COPY OF HIGH SCHOOL/COLLEGE TRANSCRIPT

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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