

K2 Strength to Thrive Individual Award Application



Application Date: _____ Referred to K2 Adventures Foundation by: _____

Applicant's name: _____

Applicant's birth date: _____ Age: _____

Applicant's diagnosis: _____

Applicant's home address/City/State/Zip: _____

Name of person completing application: _____ Relationship: _____

E-mail address: _____ Phone number: _____

Household annual income: _____ Number of dependents in household: _____

Referring Physician: _____ Phone: _____

What are you requesting from the K2 Strength to Thrive Program?

Equipment / Prosthetics Services

Mental Wellness Support

Nutritional Guidance

Therapy - Physical / Occupational

Financial Support - Assistance with medical bills

Do you have a Letter of Medical Necessity from your Doctor/Therapist? _____

List Insurances that you have applied to as the applicant or on behalf of the applicant. _____

Please provide a brief description of the applicant's situation (attach another page if needed): _____

What is the financial contribution you can make if applicant is requesting equipment? _____

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If Applicant is a Minor, please complete the following information:

Name of Parent(s)/Legal Guardians(s): _____

Parent(s)/Legal Guardians(s) Phone Numbers: Home: _____ Cell: _____

Parent(s)/Legal Guardians(s) Email Address: _____

Parent/Guardians Employer: _____

Years Employed: _____ Employer Phone: _____

All Applicants must have the following information completed for consideration:

Do you have insurance?: Yes No If yes, who is your carrier?: _____

Type of insurance: _____

Have you or the family received support from other organizations? Please list: _____

What did you or the family receive?: _____

What is the medical diagnosis?: _____

All Applicants must complete:

Signature is required from all applicants. If the applicant is a minor, all legal guardians must sign this application. I (we) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for re-evaluation/rejection of this application by K2 Adventures Foundation.

Signature of Applicant or Parent/Legal Guardian

Printed Name of Applicant or Parent/Legal Guardian

Date

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The following items must be included with your application. Please mail or scan and attach these items to K2 Adventures Foundation, 14354 N. Frank Lloyd Wright Blvd., Suite 4, Scottsdale, AZ 85260 or via e-mail at info@k2adventures.org.

For more information, please contact Nicole Newman at (602) 370-5350 or via e-mail at Nicole@K2Adventures.org.

- Letter(s) of verification from professionals (doctors, therapist, social worker, etc.) who are most familiar with your case or your child's case. This letter should clearly specify the equipment or resource needed and benefits of use. Please include as much detail as possible and provide professional's name, e-mail address, street address and phone number.
- A prescription from the applicant's doctor with hospital name, phone number and mailing address.
- Copy of most recent pay stub and/or any government financial aid documents.
- A detailed itemized quote from supplier that state the equipment, all additional components necessary to make the equipment a perfect fit for the applicant and total cost. If you do not know of a supplier, K2 Adventures Foundation can make recommendations. Check here if you need assistance with this. _____
- Recent photo of applicant.

If any distribution of goods or services is provided, K2 Adventures Foundation requires the following: (Please initial each box indicating your approval.)

- Photo and/or video of you/your child/organization with new equipment or utilization of a granted award.
- Permission to use you/your child's/organization name, likeness, image in marketing materials including, but not limited to printed collateral, online, direct mail, press releases, K2AF videos, presentations and case studies. If your child is under the age of 17, only their first name and last name initial will be used.
- Willingness to entertain the opportunity to appear in a local and/or national media story.

Thank you for your interest in the K2 Adventures Foundation Award Program. Our committee will be reviewing your application with the utmost care and sensitivities and will get back to you with any additional questions.

**K2 Adventures Foundation
14354 N. Frank Lloyd Wright Blvd., Suite 4
Scottsdale, AZ 85260
(480) 797- 2950**