



K2 Strength to Thrive Individual Award Application

Application Date: _____

Applicant's Name: _____ Date of Birth: _____

Applicant's Residential Address: _____

E-mail Address: _____ Phone Number: _____

Physician, if Applicable: _____ Phone: _____

Award Requesting:

- Adaptive Equipment / Prosthetics
- Services / Training
- Mental Health and Wellness Support
- Educational Scholarship / Support
- Fitness, Wellness & Nutrition Coaching
- Basic Necessities (food, health items, etc.)
- Therapy - Physical / Occupational
- Medical Support (copays, medical bills, prescriptions)

Do you have a letter of medical necessity from your doctor/therapist? _____

Please provide a brief description of the applicant's situation and/or diagnosis (attach another page if needed):

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



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If Applicant is Military or First Responder, please complete the following information:

Military: ___ Branch of Service: _____ Active/Guard/Reserve ___ Retired ___ Veteran ___

First Responder: ___ Branch of Service: _____ Active ___ Retired ___

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: _____

All Applicants must complete the following:

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? Yes ___ No ___ Please list: _____

What did you or the family receive? _____

How did you hear about this program? _____

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.

- 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.
- At least two (2) detailed and itemized quotes from suppliers 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. (Not mandatory - strictly used to put a name and face together for our records).

Upon approval of an application, K2 Adventures Foundation requires the following: (Please initial each line indicating your approval.)

- ___ Photo and/or video of you/your child with new equipment or utilization of a granted award.
- ___ Completion of a written Statement of Impact form.
- ___ Permission to use you/your child's 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.

K2 Adventures Foundation receives applications daily and will be reviewed accordingly.

- Applications received in December, January and February will be reviewed in March.
- Applications received in March, April and May will be reviewed in June.
- Applications received in June, July and August will be reviewed in September.
- Applications received in September, October and November will be reviewed in December.

Thank you for your interest in the K2 Adventures Foundation Strength to Thrive Individual Award. Our committee will be reviewing your application with the utmost care and sensitivity. We will contact you with any additional questions.

For more information, please contact Tyler Brotz at (480) 298-9643 or via e-mail at tyler@k2adventures.org