



The Adam Taliaferro Foundation purpose:

1. To assist, via financial awards, individuals who have suffered acute injury or damage directly causing a spinal cord injury or a traumatic brain injury and resulting in permanent physical disability.
2. To provide education to healthcare professionals and the public related to research, prevention and treatment/care of such injuries

**APPLICATION FOR FINANCIAL AWARD**

Applicant NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian (if under 18 yrs of age): \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Please mark all that apply to your application:

1. Incurred injury to your spinal cord or brain  Yes  No
2. Residing, or injured, within geographic jurisdiction of New Jersey, Pennsylvania or Delaware  Yes  No

This award can apply for those with new injuries, or those previously injured who need additional assistance at this time.

Circumstances of Injury: (explain how injured and extent of injury, with official diagnosis):

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State intended purpose of the financial award (what will it be used for)?  
Specific information attachments are most helpful:

\*Supporting documentation is required (detailed prescriptions, vendor written quotes, etc) dependent upon the proposed use of the financial award.

\*\* Requests for general funds (without specific information) will NOT be considered.

\*\*\* Requests for intervention equipment for home use MUST include documentation support from a medical professional (Physician or PT/OT) who can speak to your medical appropriateness for use of the requested device. This documentation must be from within the past 6 months.

\*\*\*\* If you are requesting funds for any form of ongoing therapeutic intervention (therapy or fitness at a facility, you MUST complete the Application Therapeutic Addendum.

**If any of the above documentation is not included, your application is considered incomplete and will not be reviewed.**

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No reimbursement will be provided for paid bills; submission must be processed prior to payment; Taliaferro Foundation will pay directly to provider, and not to applicant.

The Adam Taliaferro Foundation has limited financial resources and therefore must prioritize awards based on applicant needs and existing resources/assets.

Withholding financial assistance information OR litigation information may result in disqualification of application.

What other means of financial assistance are you receiving, **and** are there limits to that coverage?  
PLEASE be complete with information:

a) Insurance (list both primary and secondary):

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b) Fundraisers: \_\_\_\_\_

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c) Other Foundations (besides ATF): \_\_\_\_\_

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d) Private resources: \_\_\_\_\_

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If the circumstances of your injury did, or may, result in your proceeding with potential litigation (lawsuit), please provide the following:

a) Litigation filed or contemplated: \_\_\_\_\_ Yes \_\_\_ No

b) The venue/jurisdiction/area where any lawsuit was/would be filed:

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c) Was there a financial recovery/award: \_\_\_\_\_

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d) What is the status of any filed/contemplated litigation: \_\_\_\_\_

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**Personal Statement:**

Applicant **must** attach a 1-2 page maximum description of themselves and their situation, which will help the Taliaferro Board of Directors know more about you and how this request fits into your life. If this is not attached to the application, **the application will be considered Incomplete and therefore not processed.**

I attest that information provided herein is current, complete and accurate.

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Person completing application  
(print AND signature)

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Date

Completed applications for financial award should be forwarded to:

**Adam Taliaferro Foundation  
PO Box 8232  
Turnersville, NJ 08012**

**Preferable if you email your completed application to  
[gostrum1981@gmail.com](mailto:gostrum1981@gmail.com) and [mschmidtr@aol.com](mailto:mschmidtr@aol.com)**

2/2024