



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: (please explain how injured and extent of injury):

Intended purpose of the financial award (what will it be used for)?

Specific information is most helpful – prescriptive description, price quotes, etc, etc.

*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.

*** If you are requesting funds for any form of ongoing therapeutic intervention, you MUST complete the application addendum, or your application is considered incomplete and no action will be taken.

No reimbursement will be provided for paid bills; submission must be processed prior to payment; Taliaferro Foundation will only 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):

b) Fundraisers: _____

c) Other Foundations (besides ATF): _____

d) Private resources: _____

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:

- c) Was there a financial recovery/award: _____
- d) What is the status of any filed/contemplated litigation: _____

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 them and how this request fits into their life. If this is not attached to this application, **the application will be considered Incomplete and therefore not processed.**

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

Person completing application
(print AND signature)

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 and mschmidtr@aol.com**