



Mission Statement

Providing emotional, financial and educational support to individuals who experience catastrophic, traumatic injuries throughout New Jersey, Pennsylvania and Delaware; and to provide educational and financial support related to the research, prevention and care of such injuries.

APPLICATION FOR FINANCIAL AWARD

NAME: _____

Address: _____

Phone # _____ Email: _____

Age: _____

Parent/Guardian: _____

Date of injury: _____

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

Intended purpose of financial award (what will it be used for); specific information is most helpful; requests for general funds are not considered:

** Supporting documentation may be required, including but not limited to: medical justification from health care provider, equipment prescription specifications, etc., dependent upon proposed use of financial award.

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

a) Insurance (primary and secondary): _____

b) Fundraisers: _____

c) Private resources: _____

d) Other foundations (besides ATF): _____

Applicant should 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.**

Please mark all that apply to your application:

1. Incurred **catastrophic, traumatic** injury _____ Yes _____ No

4. **Residing within geographic jurisdiction** of NJ, PA or Del _____ Yes _____ No

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

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.

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

Person completing application

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 mary.schmidt@jefferson.edu**