The Timpany Center is proud to offer our Spartan Recipient Scholarship Program! Each Scholarship Program member will be paired with a Timpany Center intern (SJSU Spartan!) to work with you at least twice a week. Anyone interested is encouraged to carefully read and fill out the application. **Make sure you thoroughly understand the rules and regulations set by this program for your participation.**

Email soft copies to: timpany-outreach@sjsu.edu

The Scholarship Program will run from February to May, 2022

**Applications are due by Monday, January 31, 2021 via email to timpany-outreach@sjsu.edu or hard copies may be mailed or dropped off at 730 Empey Way San Jose CA 95128**

Late Applications will not be accepted.

**Requirements:**

• Statement of Need. Explain how this program can impact your life.

• Each week you will be required to meet with an assigned student intern two days a week in person depending on the interns available. Please understand that the intern is not a physical therapist and will only assist you with the fitness/wellness goals you wish to accomplish upon the completion of the Scholarship Program. It is intended to be a mutually reciprocal learning relationship between you and the SJSU Kinesiology undergraduate intern.

• Willingness to participate in a case study (Intern’s final project) about your three-month progress across the Scholarship Program. As well as willingness to participate in fitness activities designed by your intern, this may include participation in water activities and land based activities.

• Agree to all terms of the Scholarship Program.

• Pay the total amount of $90 dollars for the program. Invoices will be sent via email and credit card payments are preferred due to COVID. If you wish to pay in person please visit our front desk.

Optional:

• Doctor’s note/Physician recommendation of exercises.

Initial: ______
Checklist

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

☐ Scholarship Applicant Information

☐ Statement of Need

☐ Availability schedule (Please note your weekly availability will be considered in the selection process)

Initial: ______
Spartan Recipient Applicant Information

Last Name: ____________________________________________

First Name: __________________________________________

Address: _____________________________________________ City/State/Zip: __________________________

Home Phone Number: ( _______ ) _____________ - _________________________

Other Phone Number (optional): ( _______ ) _____________ - _________________________

Email: ____________________________________________ @______________________________

If you have someone who assists you and you would like them to be our main point of contact for you, please provide their information below.

Name: ___________________________________________

Phone Number: ( _______ ) _____________ - _________________________

Email: ____________________________________________ @______________________________

Statement of Need

(Why and how will acceptance into this program be a benefit to you? Explain how THIS program is more appropriate for your needs than other programs. Provide any additional information that will help us to accept you as a Spartan Recipient.)

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Extra Information/Special Services

Are you a returning participant to the scholarship program?_______
What is your primary language?__________________________

Do you prefer an Intern of the same gender?_____
Do you require assistance transferring into a pool-ready wheelchair?______
Do you require assistance changing and/or showering?_______
*Do you require any other special services?_______
If yes to needing assistance transferring, changing, or getting pool-ready, do you have an attendant that could assist you? ______________

Can you pay your program fee in full during the first month of your program?______________
Can you pay your program fee if broken up into a payment plan?__________________________
Do you need further financial assistance?_________________
Name: ____________________________________________________________

Please cross out the times that you are **NOT** available to participate in the program. We will assume that blank spaces indicate open availability (dashed lines mark half hours).

**This form is used to match your schedule with an intern.**

Please note- Your availability may be a determining factor for your acceptance into the Spartan Recipient Program. **DO NOT** leave this page blank. Application will **not** be processed if this page is left blank.

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Comments about availability: