

TIMPANY CENTER



730 Empey Way, San Jose, CA 95128

Spring 2023 Spartan Recipient Application

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, 2023

Applications are due by Thursday, February 2, 2023 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. Please understand that the intern **is not a physical therapist** and will only assist you with the fitness/wellness goals you wish to accomplish. 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 \$120 dollars for the program.**

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

Tell us about your current situation, and why other than a financial need, this specific program is best suited for you. What makes this program the right fit for you? And how can you work with an intern and add to their time here.

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? _____

Do you have any physical limitations? _____

Do you have any cognitive limitations? _____

Do you have any speech impediments? _____

Are you currently participating in any form of physical or occupational therapy? _____

If so, please provide the exercises your therapist is having you complete. _____

Do you have any past injuries we should be aware of? _____

Availability Form

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.

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. The more open/flexible you are with your availability, the easier it will be to partner you.

DO NOT leave this page blank. Application will **not** be processed if this page is left blank.

	Monday	Tuesday	Wednesday	Thursday	Friday
8a-9a					
9a-10a					
10a-11a					
11a-12p					
12p-1p					
1p-2p					
2p-3p					
3p-4p					
4p-5p					

Comments about availability: