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, 2020

Applications are due by Friday, January 24, 2020 via email(see above) or hard copy. Late Applications will not be accepted.

Requirements:

• Income verification forms.

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

• Each week you will be required to meet with an assigned student intern at-least two days a week in the pool. 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.

• Agree to all terms of the Scholarship Program.

• Pay the total amount of $75 dollars for the program upon the first meeting with intern, or no later than February 15, 2020. All checks are to be written to: SJSURF

Optional:

• Doctor's note/Physician recommendation of exercises.

Initial: ________
Checklist

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

☐ Scholarship Applicant Information

☐ Statement of Need

☐ Income Verification Form

☐ W-2 with most current tax return

☐ 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 drive yourself to the Timpany Center? Yes _______ No _______

If you answered No to the previous question please check one below:

  - Do you rely on Access to get to the Timpany Center?_____
  - Do you rely on someone else to give you a ride to the Timpany Center?_____
  

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 you checked yes to any of these please describe the amount of assistance needed. Please be as specific and detailed as possible so that we are able to select an Intern that is most suited for your needs.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

*There may be some situations in which we are unable to accommodate your assistance needs, therefore you may be required to provide an additional assistant to help with those needs.
Income Verification Form

Number of persons directly dependent on your income: __________

Monthly Expenses:
- Housing/Rent/Mortgage: $_________
- Utilities: $_________
- Food/Household Items: $_________
- Car Loan: $_________
- Car Insurance: $_________
- Gas/Auto Maintenance: $_________
- Public Transportation: $_________
- Medical/Dental: $_________
- Health Insurance: $_________
- Childcare (ages 12 & under): $_________
- Clothing: $_________
- Recreation: $_________
- Other (specific): $_________

Total Monthly Expenses: $_________

Monthly Income:
- Income from work: $_________
- Social Security Benefits: $_________
- Child Support: $_________
- Alimony or Separation Maintenance: $_________
- Veterans Benefits: $_________
- Unemployment/Disability Compensation: $_________
- Disability Benefits: $_________
- Pensions or Retirement Benefits: $_________
- Housing/Food/Other living allowances from military, church, family, friends, etc.: $_________
- Other (specify): $_________

Total Yearly Expenses: $_________

****Please attach your W-2 with current tax return

Initial: _______
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 (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 page is left blank.

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Comments about availability: