Spring 2019 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.**

The Scholarship Program will run from February 11 to May 13, 2019

**Applications are due by Friday, January 18th via email 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 during the submission of your contract at the start of the program, February 11, 2019. 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 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 you needs then other programs. Provide any additional information that will help us to accept you as a Spartan Recipient.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 a 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.  

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

*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.
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.

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Comments about availability: