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 September to December, 2022

**Applications are due by Monday, September 9, 2022 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?_____________________

____________________________________________________
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.

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Comments about availability: