



730 Empey Way, San Jose CA 95128

## SPARTAN RECIPIENT PROGRAM

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The Timpany Center is proud to offer the Spartan Recipient program.

To contact us email: [timpany-operations@sjsu.edu](mailto:timpany-operations@sjsu.edu) or call 408-924-8552.

Applications are to be submitted via email or hard copy.

Soft copies, please include the following in the subject line: Your Name; Fall 2023 SR Application. Hard copies may be mailed to: 730 Empey Way San Jose CA 95128; Attn: Carina Rodriguez-Tsai

### APPLICATION DEADLINE: SEPTEMBER 3, 2023

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Please read the requirements below before submitting your application.

#### Requirements:

- Statement of need. Explain how this program has the potential to make a positive impact on your life. Tell us how you can make a possible impact on our program?
- Exercise history: Tell us how/if you stay active? What does movement/exercise look like for you?
- Each week you will be required to meet with your assigned intern(s). This will be scheduled twice a week, for one hour each time. Once a week in our fitness center, once a week in our pool.
- Please understand the student(s) you are working with is an intern not a PT and will work to help you reach your fitness goals. They are not here to perform manual therapy. This program is intended to be a mutually beneficial learning experience between you (the Spartan Recipient) and the 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.

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If selected to be a part of the Timpany Center's Spartan Recipient program be advised you are to complete all requirements of this program. Your participation and contributions to this program will also be evaluated by the intern you are paired with.

We want to ensure a positive working relation with all participants in this program.

Lastly, please know that while we strive to accommodate as many participants as possible, an application does not guarantee a spot in our program.

## Spartan Recipient Applicant Information

Full Name:	
Gender:	
Phone Number:	
Email:	
Address:	
City/State/Zip:	
DOB:	
Primary Language:	
Emergency Contact Information	
Full Name:	
Relation to Self:	
Phone Number:	
Power of Attorney or Person who handles personal affairs	
Full Name:	
Phone Number:	
Email:	
Medical Information	
Known Medical Condition(s):	
Known Allergies:	
Medications taken we should know:	
Additional Information you feel is important to share:	

**Statement of Need**

Tell us about you. What is your current movement situation, how does this program have the potential to make a positive impact on your life. Tell us how you can make a possible impact on our program? Have you worked previously with a Physical or Occupational Therapist?

## Additional Information/Special Services

Are you a returning participant to the Spartan Recipient 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 any assistance changing and/or showering?	
Do you require any other special services?	
If yes to needing assistance in any of the above situations, do you have an attendant who could help you?	
Can you pay your program fee in full at the start of the program?	
Would making monthly payments be a more feasible option?	
Do you have any physical limitations? If yes, please elaborate.	
Do you have any cognitive limitations? If yes, please elaborate.	
Do you have any speech impediments? If yes, please elaborate.	
Are you currently participating in any form of physical, occupational or any other form of therapy? If yes, which one(s)?	
Do you have any past injuries we should be aware of?	

## Availability Form

Fill out the following table according to your availability you have in your weekly schedule. Please indicate when you are not available. Be mindful of travel time, traffic, and parking. This form is used to help match you with an intern. In addition, your availability may be a determining factor for your acceptance into the Program.

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

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00a					
9:00-10:00a					
10:00a-11:00a					
11:00a-12:00p					
12:00-1:00p					
1:00-2:00p					
2:00-3:00p					
3:00-4:00p					
4:00-5:00p					
5:00-6:00p					
6:00-7:00p					
7:00-8:00p					
8:00-9:00p					
Comments about availability:					