

Eligibility Requirements For Individual Grants:

- Assistance is awarded to paraplegics or quadriplegics paralyzed due to a spinal cord injury (Please Note: paralysis must be due to a spinal cord injury; paralysis due to other causes, such as MS or spina bifida, is not eligible).
- Applicants must demonstrate financial need and may be required to provide documentation.
- There is no age requirement.
- Applicants must reside in the United States
- Applicants must request specific modifications or equipment to apply for a Travis Roy Foundation grant; requests for "anything you can give" will not be considered.
- Examples of eligible items include upgrade and maintenance of wheelchairs, vehicle modifications (i.e., hand controls or lifts), small home modifications including ramp and lift installation, computers, and other adaptive equipment.
 - PLEASE NOTE: Grants are not currently available towards the purchase of new or used vans; funds are available for modifications.
- Grants are disbursed directly to suppliers of the desired equipment or modifications. Individuals making the grant application are required to submit estimates from potential suppliers. Please complete all sections of the application; incomplete applications will not be considered.

How To Apply For An Individual Grant:

APPLICATION INSTRUCTIONS

Applicants must complete all questions of the applications in order to be considered for a Travis Roy Foundation Individual Grant, including providing contact information and estimates from at least two (2) suppliers and/or contractors for the equipment or renovations requested in the application; incomplete applications will not be considered.

NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring about the status of applications. Grant recipients will be notified by phone or mail upon approval.

Application Submission Periods and Requirements

In addition to the application, the following supporting documentation must be included. Applications that do not have all of these documents will not be reviewed.

- Written quotes from companies/contractors for modifications.

Please note that all materials submitted are non--returnable.

Applications are accepted year-round and are considered at quarterly Trustee meetings. Grants typically range from \$2,000 to \$7,500; there is no minimum award. Grants are awarded quarterly.

The Travis Roy Foundation will review each request and make specific recommendations to the Board of Trustees for approval. The Board meets quarterly to authorize grant awards. All notifications, both of awards and declinations, will be mailed out after the Board has met. All supporting materials should be submitted to the address below.

Mail completed application to:

Travis Roy Foundation
ATTN: Brenda Taylor, Foundation Coordinator
60 State Street, 8th Floor
Boston, MA 02109

TRAVIS ROY FOUNDATION INDIVIDUAL GRANT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____

DAY NUMBER: _____ ALTERNATE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH (MM/DD/YYYY): _____

DATE OF INJURY: _____ LEVEL OF INJURY: _____

CAUSE OF INJURY: _____

HOW DID YOU HEAR ABOUT THE TRAVIS ROY FOUNDATION? _____

Please describe the degree of your disability and how it affects your everyday life:

Please describe your sources of financial support (Please Note: Grant recipients may be asked to provide supporting documentation):

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.):

Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc. if applicable:

Please give a brief explanation of how the equipment or modification(s) for which you are applying would impact your daily life:

Additional comments:

In order to be considered for a Travis Roy Foundation Individual Grant, applicants must provide estimates for the cost of the equipment or renovations requested. *Incomplete applications will not be considered.*

Please provide the names, addresses and phone numbers of at least three (3) companies and/or contractors you have contacted and their estimates for the equipment or modifications requested. Please attach any written quotes, if any, you have received:

Company & Contact Name:
Address:
City: State/Province: Zip/Postal Code:
Phone: () Web Address (if any):
Price Quoted:

Company & Contact Name:
Address:
City: State/Province: Zip/Postal Code:
Phone: () Web Address (if any):
Price Quoted:

Company & Contact Name:
Address:
City: State/Province: Zip/Postal Code:
Phone: () Web Address (if any):
Price Quoted:

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a Travis Roy Foundation grant, my name/image may be used by the Travis Roy Foundation for media and/or promotional purposes:

Signature: _____

Date: _____