



## **“Back to School Leg Donation” Application**

### **Introduction**

Prosthetics At Home is pleased to announce their first ever “Back to School Leg Donation.” This donation is open to any amputee that is currently enrolled in school (from elementary to higher education) who is in need of a new lower extremity prosthesis.

The goal of the “Back to School Leg Donation” is to provide a lower extremity prosthesis that will enhance the quality of life for the applicant and helping them regain their independency on daily activities.

### **Submission Instructions**

This application is intended for individuals applying for the Prosthetics At Home, LLC. “Back to School Leg Donation” to receive a new lower extremity prosthesis. Applicants will apply for the donation using this application packet (details below). **The completed application and all supplemental documents should be submitted to:**

Prosthetics At Home, LLC.  
4115 Medical Dr. Ste 110  
San Antonio, TX 78229

**Applications are due to Prosthetics At Home, LLC. no later than September 16, 2021.** You may refer any questions concerning the donation or application packet to Prosthetics At Home 210-721-7708.

The donation shall be awarded to a maximum of one recipient.



### Eligibility Requirements

The following will be required by all applicants before the application packet will be considered:

- Applicants must have had a loss of lower limb.
- Eligible applicants must be accepted to an accredited university, graduate school, community college and have a GPA of at least 2.5 (based on 4.0 scale) or equivalent, if in college.
- Enrolled part-time or full time (must have a minimum of 6 hours enrolled) \*
- Exhibit financial need for assistance
- Must be currently residing in San Antonio, TX and surrounding areas

*\*only applicable for higher education applications*

### Documentation Needed for award:

The following will be required by all applicants before the application packet will be considered:

- A total of 2 recommendations – one from a physical therapist, doctor or medical provider, that works with amputees recommending assistance and one from an adult who can speak to the applicant’s character (teacher, religious leader, etc.)
- Document that there is a financial need that cannot be met by the amputee and/or the family.
- An essay describing your future goals and a short letter explain how the loss of a limb has impacted their life (not to exceed 500 words).
- Official transcripts showing good academic standing

Final approval of the Prosthetics At Home “Back to School Leg Donation” recipient lies with Prosthetics At Home, LLC. Prosthetics At Home, LLC. shall review the nomination against stated criteria, as stated in the “Agreement” page located in the application packet and issue a final decision in writing to the donation recipient.

### Submission Period

Entry Period	Winner Notification Date
August 1 <sup>st</sup> – September 16, 2021	September 27, 2021



**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Female \_\_\_ Male \_\_\_ Other \_\_\_

Name(s) of parent(s) or legal guardian(s), if applicable: \_\_\_\_\_

**Financial Information**

Current employer(s) of applicant or of all parents and/or legal guardians of applicant as well as positions held for each parent/legal guardian, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Employment status of applicant or of each parent/legal guardian \_\_\_\_\_

Number living in residence: Adults \_\_\_\_\_ Children \_\_\_\_\_ (ages of children)

Annual Income of Family (before taxes): \_\_\_\_\_ Own Home: \_\_\_ Rent Home: \_\_\_\_\_

Other unusual or extraordinary expenses \_\_\_\_\_

Other financial or special circumstances Prosthetics At Home, LLC. should consider with regard to applicant/child

\_\_\_\_\_  
\_\_\_\_\_

**Applications must be submitted to Prosthetics At Home by September 16, 2021.**

**Incomplete applications will not be accepted.**



**Physical Impairment / Disability Information**

Describe patient physical condition (cause and history of amputations):

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**Supporting Documentation**

Please attach the following documents for a complete application:

- A total of 2 recommendations – one from a physical therapist, doctor or medical provider, that works with amputees recommending assistance and one from an adult who can speak to the applicant’s character (teacher, religious leader, etc.)
- Document that there is a financial need that cannot be met by the applicant and/or the family.
- An essay describing your future goals and a short letter explain how the loss of a limb has impacted their life (not to exceed 500 words).
- Official transcripts showing good academic standing

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## Agreement

Please read the following acknowledgements very carefully and then sign and date at the bottom of this form.

- I understand that this donation application and all supporting information becomes the property of Prosthetics At Home, LLC. Prosthetics At Home, LLC. will not share this information with anyone else without the expressed written consent of the applicant.
- I grant permission to Prosthetics At Home, LLC. to use my name and likeness (picture) for publicity purposes upon selection as a donation recipient.
- I agree that Prosthetics At Home, LLC. shall have discretionary authority in all matters pertaining to this donation.
- I agree, if awarded this donation, to abide by all of the selection criteria as set forth during this application process.
- I agree, if awarded this donation, this donation must be exhausted within twelve (12) months following the award date indicated in the donation award letter or will be forfeit.
- I agree that the donation will be applied towards a new lower extremity and no cash value will be awarded.
- I understand that I am expected to be currently enrolled in school at least part time and be in good academic standing to be awarded this donation if selected.
- I have read and understand the eligibility requirements for this donation as defined in the Terms & Conditions.
- To the best of my knowledge, the information I have provided is true and accurate. I will notify Prosthetics At Home, LLC. of any changes to this information.
- By submitting my application, I agree to the terms and conditions of Prosthetics At Home "Back to School Leg Donation." I consent to receive phone calls and / or text messages about the donation process from Prosthetics At Home, LLC. at the phone number(s) provided, including a wireless number.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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